

**RFP Attachment “F”
Driving Under the Influence Service RFP**

**Department of Health Care Services (DHCS)
Driving Under the Influence Program License Application Packet**

DHCS/DUI 100134

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
LICENSE APPLICATION PACKET**

**FIRST OFFENDER PROGRAM,
18-MONTH PROGRAM,
AND 30-MONTH PROGRAM**

*State of California
Health and Human Services Agency
DEPARTMENT OF HEALTH CARE SERVICES
BEHAVIORAL HEALTH
LICENSING AND CERTIFICATION DIVISION
LICENSING BRANCH 2, DUI UNIT
1501 Capitol Avenue, MS 2602, Sacramento, CA 95814
(916) 322-2964*

SUBMISSION AND PROCESSING OF APPLICATION

License Application Fee

The Department of Health Care Services (DHCS) charges a one-time \$400 application processing fee. This fee is not refundable. Any application received without the processing fee will be returned to the County Alcohol Program Administrator or directly to the applicant (when applicable).

County Board of Supervisors

The County Board of Supervisors must recommend an applicant for licensing. This recommendation must be submitted with the application. Any application received without the County Board of Supervisors' recommendation will be returned to the County Alcohol Program Administrator or directly to the applicant (if applicable).

Application Forms

The application consists of submission of complete and accurate forms as directed and applicable and all requested information.

Application Processing

Submit the license application fee, board of supervisors recommendation and completed application to:

DEPARTMENT OF HEALTH CARE SERVICES
Licensing Branch 2, DUI Unit
1501 Capitol Avenue, MS 2602
Sacramento, CA 95814

Applications will be processed in the order received. Applications will be immediately returned to the applicant or county (if applicable) for the following reasons:

1. \$400 license application fee not submitted.
2. Recommendation of the county board of supervisors not submitted.
3. Required application materials or other information not submitted.

NOTE: THE PROGRAM SHALL NOT ENROLL PARTICIPANTS NOR PROVIDE SERVICES PRIOR TO THE EFFECTIVE DATE OF THE LICENSE.

Contact the Driving-Under-the-Influence Program Branch at (916) 322-2964 for information on completion, submission and processing of the application. Applicant should retain a copy of all application documents submitted. The Department of Health Care Services will not make available copies of any portion of the application.

Applicant Name: _____ County: _____ Date: _____

DRIVING-UNDER-THE-INFLUENCE PROGRAM LICENSE APPLICATION CHECKLIST

INSTRUCTIONS: Use the applicant column below to ensure that all required forms, documents and information are completed and submitted to the Department of Health Care Services. Please include the completed checklist with the application submitted to the Department. The applicant may use the forms provided in the license application packet or facsimiles of the forms containing the same information.

PART I - DEPARTMENT FORMS TO BE COMPLETED BY THE APPLICANT

NOT APPLICANT APPROVED APPROVED			
			1. APPLICATION FOR LICENSURE (FORM DHCS/DUI 7785) <i>[This form identifies the applicant, program, program address and applicable information for licensure.]</i> Please refer to Title 9, §9804 (b)(1-9) for requirements.
			2. ADMINISTRATIVE INFORMATION (FORM DHCS/DUI 7790) <i>[This form identifies the entity applying for licensure.]</i> Please refer to Title 9, §9804 (b)(1-9) for requirements.
			3. DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY (FORM DHCS/DUI 7795) <i>[This form identifies the program director/administrator responsible for the operation of the program.]</i> Please refer to Title 9, §9804 (b)(12) for requirements.
			4. ADMINISTRATOR/DIRECTOR INFORMATION (FORM DHCS/DUI 7800) <i>[This form identifies and verifies the qualifications of the Program Director/Administrator.]</i> Please refer to Title 9, §10564 (a)(1-3) for specific requirements. Title 9, §9846 (a)(1-3)
			5. STAFF INFORMATION (FORM DHCS/DUI 7805) <i>[This form identifies and verifies qualifications of program staff (group leader/counselor/facilitator) who will be providing services at the program.]</i> Please refer to Title 9, § 10564 (b)(1-3) for specific requirements. Title 9, §9846 (b-h)
			6. FINANCIAL STATEMENT (FORM DHCS/DUI 7815) <i>[This form provides a summary of the applicant's assets and liabilities.]</i> Please refer to Title 9, §9804 (b)(13) for requirements.
			7. STATEMENT OF COMPLIANCE/NONDISCRIMINATION/TRUTH (FORM DHCS/DUI 7810) <i>[This form provides assurances of compliance and adherence to Title 9, Chapter 3 of the California Code of Regulations (CCR).]</i> Please refer to Title 9, §9804 (b)(11) for requirements.
			8. BUDGET (FORMS DHCS/DUI 7820, 7825, 7830, 7835 AND 7840) <i>[These forms provide a proposed summary of revenue and expenditures.]</i> Please refer to Title 9, §9804 (b)(13-14) for requirements.

PART II - GENERAL INFORMATION TO BE SUBMITTED BY THE APPLICANT

NOT
APPLICANT APPROVED APPROVED

			1. BOARD OF SUPERVISORS RECOMMENDATION FOR LICENSURE INCLUDING A STATEMENT DEMONSTRATING THE NEED FOR A NEW DUI PROGRAM <i>[Provide a copy of the Board of Supervisors' approval of the selection of the applicant to operate within the county upon licensure by the Department.]</i> Please refer to Title 9, §9805 (a)(1) for requirements.
			2. ALCOHOL ADVISORY BOARD RECOMMENDATION (IF THE COUNTY HAS AN ADVISORY BOARD) <i>[Provide a copy of the Alcohol Advisory Board's recommendation to the Board of Supervisors regarding the application for licensure.]</i> Please refer to Title 9, §9805 (a)(2) for requirements.
			3. COPY OF OPERATING AGREEMENT BETWEEN COUNTY AND APPLICANT <i>[Provide a copy of the contract, memorandum of understanding, or any other operating agreement between the applicant and the county, if applicable.]</i> Please refer to Title 9, §9805 (a)(3) for requirements.
			4. ADMINISTRATIVE ORGANIZATION <i>[Provide an organizational chart identifying positions and names of proposed incumbents, if known.]</i> Please refer to Title 9, §9805 (a)(4) for requirements.
			5. COPY OF BUSINESS LICENSE ISSUED BY THE LOCAL COUNTY OR CITY, <i>[Provide a copy of the business license issued by the local county or city.]</i> Please refer to Title 9, §9805 (a)(5) for requirements.
			6. COPY OF FIRE CLEARANCE ISSUED BY THE LOCAL FIRE AUTHORITY Title 9, <i>[Provide a copy of the Fire Clearance issued to the applicant by the local fire authority.]</i> Please refer to Title 9, §9805 (a)(6) for requirements.

PART III – WRITTEN PLAN OF OPERATION TO BE SUBMITTED BY THE APPLICANT

NOT
APPLICANT APPROVED APPROVED

			1. LOCATION AND SERVICES TO BE PROVIDED <i>[Provide the address, hours of operation, and program services, e.g., 3-mo, 9-mo., etc. to be provided at each location.]</i> Please refer to Title 9, §9805(a)(9)(B-C) for requirements.
			10. PROVIDE A COPY OF EACH PARTICIPANT CONTRACT <i>[Provide a copy of the contract and all documents that require participant signature, in all languages in which the DUI program provides services.]</i> Please refer to Title 9, §9848 (e) for specific requirements. Title 9, §9805 (a)(9)(I)
			11. PROVIDE COPIES OF ALL OTHER FORMS TO BE USED <i>[Provide copies of all forms, including, the fee payment agreement, notice of confidentiality, etc.]</i> Please refer to Title 9, §9805 (a)(9)(J) for requirements. <i>(Confirm that participant has signed authorization for the county/state to review participants files.)</i>

PART IV - LICENSE APPLICATION FEE

NOT APPLICANT RECEIVED RECEIVED		
		<p>1. \$400 LICENSE APPLICATION PROCESSING FEE <i>[A one-time \$400 license application fee is charged to each applicant requesting licensure to operate a driving-under-the-influence program. This fee must be submitted with the application in order for the review of the application to commence.]</i></p>

PART V - PROGRAM INFORMATION

NOT APPLICANT APPROVED APPROVED		
		<p>1. INTAKE INTERVIEW/ENROLLMENT PROCESS <i>[Provide a narrative description of the procedures for the enrollment process/intake interview, including staff responsible, and copies of intake forms.]</i> Please refer to Title 9, Section 9848 for specific requirements. Title 9, §9805 (a)(9)(D)</p>
		<p>2. FACE-TO-FACE INTERVIEWS <i>[Describe how face-to-face interviews will be conducted, include the topics to be covered, the length of interviews to be provided, and how documentation of such will be made.]</i> Please refer to Title 9, Section 9858 for specific requirements. Title 9, §9805 (a)(9)(A)</p>
		<p>3. EDUCATIONAL SESSIONS <i>[Identify number of education hours to be provided, curriculum outline, proposed schedule and length of service hours, and number of participants per session.]</i> Please refer to Title 9, §9852 for specific requirements. Title 9, §9805 (a)(9)(A)</p>
		<p>4. GROUP COUNSELING SESSIONS <i>[Identify the number of group counseling hours to be provided, process to be used, topics to be covered, proposed schedule and length of service hours, and number of participants per session.]</i> Please refer to Title 9, Section 9854 for specific requirements. Title 9, §9805 (a)(9)(A)</p>
		<p>5. INDIVIDUAL COUNSELING SESSIONS <i>[Identify the process for providing or referring participants to individual counseling when the participant is unable to benefit from group counseling sessions.]</i> Please refer to Title 9, Section 9856 for specific requirements. Title 9, §9805 (a)(9)(A)</p>
		<p>6. ASSESSMENT OF EACH PARTICIPANT'S ALCOHOL AND OTHER DRUG PROBLEM <i>[Provide a narrative description of the assessment process, staff responsible for conducting the assessment, and a copy of the assessment instrument to be used.]</i> Please refer to Title 9, §9849 for specific requirements. Title 9, §9805 (a)(9)(E)</p>
		<p>7. REFERRAL TO ANCILLARY SERVICES <i>[Provide a detailed description of the process to refer participants to ancillary services.]</i> Please refer to Title 9, §9849 (d), and Title 9, §9862 for specific requirements. Title 9, §9805 (a)(9)(G)</p>
		<p>8. INTERPROGRAM TRANSFERS <i>[Describe the procedures for transferring participants to and receiving participants who transfer from another state-license DUI Program. The description must address both the transfer in and transfer out process.]</i> Please refer to Title 9, §9884 for requirements. Title 9, §9805 (a)(9)(N)</p>

			9. PARTICIPANT DISMISSAL POLICY <i>[Describe the policy and procedures for dismissing a participant.]</i> Please refer to Title 9, §9886 for requirements. Title 9, §9805 (a)(9)(O)
			10. RE-ENTRY ACTIVITIES <i>[Provide a detailed description of the re-entry phase for 18-month program participants.]</i> Please refer to Title 9, §9851 for specific requirements. Title 9, §9805(a)(9)(F)
			11. DESCRIPTION OF ADDITIONAL COUNTY REQUIREMENTS, IF APPLICABLE <i>[Provide a detailed description of approved additional county requirements, if any.]</i> Please refer to Title 9, §9805 (a)(9)(H) for requirements.
			12. PROGRAM FEE REQUIREMENTS <i>[Identify the program fee and any additional fees; provide a cost per unit of service analysis for each service provided (i.e. enrollment, group counseling session, face-to-face interview, etc.). For each additional fee requested, identify the service provided, the unit cost breakdown including associated tasks and responsible staff. Describe how fees will be assessed and collected. Specify the income level for waiving the program fee (e.g., county general assistance benefit level), the county's median family income level and the income level at which participants will be allowed to make extended payments. Include a copy of the "Standardized Payment Schedule", the procedures and forms for conducting financial assessments and the refund policy. (The Department has developed sample forms for conducting the financial assessment and fee collection; these are available upon request.)]</i> Please refer to Title 9, Sections 9878 and 9879 of the CCR for requirements.

PART VI - DOCUMENTS TO BE SUBMITTED FOR 30-MONTH PROGRAM ONLY

NOT
APPLICANT APPROVED APPROVED

			COMPENDIUM OF PROBATIVE EVIDENCE INCLUDE DESCRIPTION OF THE FOLLOWING: <i>[Describe how provisions will be made for a participant to voluntarily enter a licensed chemical dependency recovery hospital or residential treatment program. The description must address the following: types of referral agencies to be used; approval to be obtained from the referring court; cost of services to be paid by participant; monitoring of the participant's progress during the course of treatment; Documentation of the treatment in the participant's file.]</i> Please refer to Title 9, Section 9851 (f)(1)(D-E) , for specific requirements. Title 9, §9805 (b)
			1. METHOD OF REVIEW OF PARTICIPANT COMPLIANCE: <i>[Identify the documentation to be reviewed, frequency and level of staff to perform the review.]</i> Title 9, §9805 (b)(1)
			2. SCHEDULE OF COMPLIANCE REVIEW BY PROGRAM STAFF: <i>[Provide a copy of the schedule used to verify participant compliance with this requirement.]</i> Title 9, §9805 (b)(1)
			3. COMMUNITY SERVICE REQUIREMENTS: <i>[Identify the community service options approved by the county, courts, and program. State process for verification and staff to perform verification.]</i> Title 9, §9805 (b)(2)
			4. PROVISIONS FOR PARTICIPANTS WHO ENTER LICENSED CHEMICAL DEPENDENCY PROGRAMS: <i>[Identify documentation required to verify participant treatment and staff level to verify.]</i> Title 9, §9851 (f)(2)(C)

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS

Executive Director

Program Address

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Corporate Address

12560 Central Ave. Chino CA 91710

909-591-4761

awatkins@aers.us

Part I
Department Forms

APPLICATION FOR LICENSURE

County _____ License Number _____	FOR DHCS USE ONLY Rec'd _____ Analyst _____ Renewal Issued _____
APPLICATION INFORMATION	
Applicant(s) Name: _____ Telephone: _____	
Application Filed By: <input type="checkbox"/> Individual Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> County Operated <input type="checkbox"/> Other _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Profit	
Applicant Mailing Address:	
City: _____ State: _____ Zip Code: _____	
Name(s) and location(s) of other licensed DUI programs owned or operated by the applicant(s) within the last five years:	
PROGRAM INFORMATION	
Program Type(s): <input type="checkbox"/> W&R <input type="checkbox"/> First Offender <input type="checkbox"/> 6-Month <input type="checkbox"/> 9-Month <input type="checkbox"/> 18-Month <input type="checkbox"/> 30-Month	
Program Name:	
Program Address:	
City:	State: Zip Code:
Program Director:	Telephone:
Note any fee, program, staff or other changes since last application submission.	
Signed: 	Date:

ADMINISTRATIVE INFORMATION

This page is for corporations only. Public agencies, partnerships, and other associations use page two.

INSTRUCTIONS: This form must be updated and submitted to the DEPARTMENT OF HEALTH CARE SERVICES each time there is a change in officers or change in the corporation.

CORPORATION				
(Attach a copy of approved incorporation papers from the Secretary of State)				
Name (as listed with the Secretary of State) _____				
Chief Executive Officer _____				
Incorporation Date _____				
Place of Incorporation _____				
Principal office of business: _____				
Address _____				
City _____ State _____ Zip Code _____ Telephone _____				
Contact Person _____ Title _____ Telephone _____				
Names and addresses of all persons who own ten per cent (10%) or more of stock in corporation.				
Governing Board of Directors				
a. Number of Board Members _____ b. Term of Office _____				
c. Frequency of Meetings _____ d. Method of Selection _____				
Board Officers and Members USE A SEPARATE SHEET FOR ADDITIONAL NAMES				
Office	Name	Business Address, City, Zip Code	Telephone #	Term Expiration
President				
Vice-President				
Secretary				
Treasurer				
Other				

County: _____

Date: _____

This form is for public agencies, partnerships, and other associations.

PUBLIC AGENCY1. Check type of public agency: ☐ County ☐ City ☐ Other, specify below _____

2. Agency providing service

Name _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Title _____ Telephone _____

3. Attach a copy of Resolution or other legal document authorizing this application

PARTNERSHIPS

1. Attach a copy of the partnership agreement

2. Partners	Type of Partnership	Name	Business Address City, State, Zip Code
1st Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
2nd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
3rd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
4th Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		

Contact Person _____ Title _____ Telephone _____

OTHER ASSOCIATIONS

Other associations must also provide a list of all persons legally responsible for the organization, the contact person, and appropriate legal documents which set forth legal responsibility of the organization and accountability for opening the program.

USE THIS SPACE OR ATTACH A SEPARATE SHEET

DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY

Applicants/licensees who are corporations shall attach board resolutions authorizing a delegation to the Program Director/Administrator or other appropriate staff.

1. Applicant Name: _____

2. Program Name: _____

3. Program Address: _____

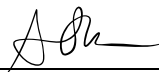
4. City: _____ County: _____ Zip Code: _____

5. Telephone: (____) _____

6. _____
(Name of person(s) authorized by applicant/licensee)

is hereby designated as administrator, program manager, or agent of the above-named program and is authorized to receive at the above-named program on my behalf, any documents including reports of inspections and consultations, accusations, and civil and administrative processes.

I WILL NOTIFY THE DEPARTMENT OF HEALTH CARE SERVICES, IN WRITING,
WITHIN 10 DAYS OF ANY CHANGE IN THE ABOVE AUTHORIZATION.

7.  _____
Signature of applicant(s)/licensee(s)

8. Title: _____

9. Address: _____

10. City: _____ County: _____ Zip Code: _____

ADMINISTRATOR/DIRECTOR INFORMATION

IDENTIFYING INFORMATION				
NAME Gloria Alcocer Watkins				
TITLE Operations Director/Program Director			TELEPHONE NUMBER (909) 591-4761	
ADDRESS 12560 Central Ave. Chino CA 91710				
OTHER NAME(S) USED BY ADMINISTRATOR/DIRECTOR Gloria Alcocer				
EDUCATION				
EDUCATION CIRCLE THE HIGHEST GRADE YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 Masters			HIGH SCHOOL GRADUATE PASSED HIGH SCHOOL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
EQUIVALENCY TESTS				
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER QUARTER UNITS UNITS	DEGREE OBTAINED	DATE COMPLETED
CSUSB	Sociology		BA Sociology	06/2002
Liberty University	Counseling		MA Human Services Counseling	06/2018
MANAGEMENT EXPERIENCE				
Type	Title	Date Started	Date Ended	Reason for Leaving
DHCS Licensed DUI Treatment Programs	Operations Director	09/2007	Current	N/A
DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE? YE <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
IF YES, COMPLETE THE FOLLOWING				
Type	Period Held	Issuing Agency		
SUDCC-IV	Current	CADTP		
WORK EXPERIENCE. BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF UNEMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).				
Dates	Name and Address of Employer	Duties	Reason for Leaving	
FROM 9/2007	W & Q Enterprises, Inc. Fred Kennedy Associates, Inc. 12560 Central Ave. Chino, CA. 91710 All Locations	Oversee all program sites to insure compliance with Title 9 and County regulations and maintain fiscal integrity. Oversees all aspects of business functions including H/R, Accounting, Strategic planning, etc.	N/A	
TO Current				
FROM				
TO				
FROM				
TO				

Completed by 

Date _____

DHCS/DUI 7800

(Rev 4/15)

STAFF INFORMATION


IDENTIFYING INFORMATION					
NAME Deziree Elias					
TITLE Program Administrator			TELEPHONE NUMBER (909) 591 - 4761		
ADDRESS 12560 Central Ave Chino, CA 91710					
OTHER NAME(S) USED					
EDUCATION					
CIRCLE THE HIGHEST GRADE YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 <u>12</u>					
HIGH SCHOOL GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
GED HIGH SCHOOL EQUIVALENCY TEST <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER UNITS	COMPLETED QUARTER UNITS	DEGREE OBTAINED	DATE COMPLETED
Mohave Community College	Illustration	N/A	N/A	Associates	2016
Grand Canyon University	Graphic Design	N/A	N/A	Bachelors	2020
Grand Canyon University	Advertising & Business	N/A	N/A	Bachelors	2020
WORK EXPERIENCE – BEGIN WITH YOU MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF EMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).					
DATES	Name and Address of Employer	Duties		Reason for Leaving	
FROM 2016	W & G Enterprises/Fred Kennedy Associates Inc.	[a] operation of the program site; [b] site budget control; [c] cash collections; [d] site personnel management; [e] knowledge and delivery of program services in compliance with State and County regulations, including Title 9; [f] community outreach; [g] liaison with applicable courts, referring agencies, county and state agencies; and [h] compliance with established company policies and procedures. [i] conducts program services as needed, including but not limited to intake, enrollment, assessment, face to face activities, group, and education activities in accordance with Title 9.			
TO Current					
FROM					
TO					
FROM					
TO					

Completed by:  Date: 10/24/2023

County Where Signed Los Angeles

STAFF INFORMATION

IDENTIFYING INFORMATION					
NAME <u>Peter J. Watkins</u>					
TITLE <u>Program Administrator</u>			TELEPHONE NUMBER [REDACTED]		
ADDRESS [REDACTED]					
OTHER NAME(S) USED					
EDUCATION					
CIRCLE THE HIGHEST GRADE YOU COMPLETED			1 2 3 4 5 6 7 8 9 10 11 12		
HIGH SCHOOL GRADUATE			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
GED HIGH SCHOOL EQUIVALENCY TEST			<input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER QUARTER UNITS		DEGREE OBTAINED	DATE COMPLETED
Cal State San Bernardino	Physics	50		NO	N/A
WORK EXPERIENCE – BEGIN WITH YOU MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF EMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).					
DATES	Name and Address of Employer	Duties		Reason for Leaving	
FROM 06/2011 TO Present	<u>W&G Enterprises</u> 12560 Central Ave. Chino, CA 91710	- Clerical - Facilitate groups/face-to-face interviews - Intake appointments			
FROM 11/13/2018 TO Present	<u>Fred Kennedy Associates, Inc.</u> 17420 S. Avalon Blvd #210 Carson, CA 90746	- Administrate program activities day-to-day - Facilitate groups/interviews - Fiscal integrity of location			
FROM 7/10/2019 TO Present	<u>Darden Restaurants (Olive Garden)</u> 3501 Grand Ave. Chino, CA 91710	- Server/waiter - Stock inventory - Customer service			

Completed by:  Peter J. Watkins Date: 10/24/23
County Where Signed Los Angeles

STAFF INFORMATION

IDENTIFYING INFORMATION					
NAME					
TITLE			TELEPHONE NUMBER ()		
ADDRESS					
OTHER NAME(S) USED					
EDUCATION					
CIRCLE THE HIGHEST GRADE YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12					
HIGH SCHOOL GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO					
GED HIGH SCHOOL EQUIVALENCY TEST <input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER QUARTER UNITS UNITS		DEGREE OBTAINED	DATE COMPLETED
WORK EXPERIENCE – BEGIN WITH YOU MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF EMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).					
DATES	Name and Address of Employer	Duties		Reason for Leaving	
FROM					
TO					
FROM					
TO					
FROM					
TO					

Completed by: _____ Date: _____

County Where Signed _____

FINANCIAL STATEMENT

As of _____, 20____

PROGRAM NAME

ASSETS

Cash on hand	\$ _____
Checking accounts	\$ _____
Savings accounts	\$ _____
Time deposits	\$ _____
Notes and receivables (identify source)	\$ _____
Inventory	\$ _____
Real Estate (at market value):	\$ _____
Land	\$ _____
Buildings and Improvement	\$ _____
Equipment, Furniture and Furnishings	\$ _____
Other Investments or Assets (describe)	\$ _____
_____	\$ _____
_____	\$ _____

A. Total Assets

\$ _____

LIABILITIES

Accounts Payable (include installment contracts and balance due)	\$ _____
Salaries and Wages Payable	\$ _____
Payroll Taxes Payable	\$ _____
Notes Payable (include personal notes). Show source and balance due.	\$ _____
	\$ _____
Real Estate Loans or Mortgages (balance due):	\$ _____
Other debts (describe):	\$ _____

B. Total Liabilities

\$ _____

OWNERSHIP (Equity)

C. Total Ownership (difference between A and B)

\$ _____

COMPLETED BY	TITLE	DATE

DRIVING-UNDER-THE-INFLUENCE PROGRAM STATEMENT OF COMPLIANCE/NONDISCRIMINATION/TRUTH

_____ has the capability and agrees to comply with the following
(Name of Applicant)
Driving-Under-The-Influence (DUI) Program service requirements.

1. The program will provide the court, the Department of Motor Vehicles, and the participant with an immediate report of any failure of the participant to comply with the program's rules and policies.
2. The program will be self-supporting from participant fees.
3. The program will not use program fees for any purpose other than the operation of the program pursuant to Section 11837.4 (b)(2) of the Health and Safety Code.
4. The program will provide services to ethnic minorities, women, youth or any other group that has particular needs relating to the program.
5. The program will pay State licensing fees in accordance with instructions issued by the Department of Health Care Services.
6. The undersigned assures that the licensee and/or program will not discriminate in employment practices and provision of services on the basis of ethnic group identification, religion, age, sex, color, or disability pursuant to Title VI of the Civil Rights Act of 1964, (Section 2000d, Title 42, United States Code); the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and for recipients of financial assistance, the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code) and Chapter 6 (commencing with Section 10800) Division 4, Title 9 of the California Code of Regulations.
7. The program will forward all substantive program changes, or changes to this application to the county alcohol and drug program administrator (CADPA) for review and to the Department of Health Care Services (DHCS) for approval.
8. The program will provide the CADPA and representatives from DHCS with access to all programmatic and fiscal records necessary to conduct county monitoring and State licensing activities, including evaluation, provided that such access does not conflict with any State or federal confidentiality regulations as stated in Title 9, Section 9866 (c) of the CCR.
9. The program will comply with all laws and regulations governing DUI programs.
10. The program will maintain services in accordance with its approved application per licensure and any amendments thereto.

Statement of Compliance/Nondiscrimination/Truth

11. The program will not accept any participant until licensure is granted to the program by the Department of Health Care Services as stated in Title 9, Section 9802 of the CCR.
12. The program will maintain participant files including completed copies of all required forms and records, for a minimum of 48 months after completion of services as stated in Title 9, Section 9866 of the CCR.
13. The program shall employ staff who meet the minimum qualifications as stated in Title 9, Section 9846 of the CCR.
14. The program will maintain confidentiality of participant records and information in accordance with Title 42, Code of Federal Regulations. A copy of the above regulations will be available at each program facility as stated in Title 9, Section 9866 (c), of the CCR.

The applicant declares under penalty of perjury that all information submitted to the Department of Health Care Services for the purpose of licensure is true and correct to the best of the applicant's knowledge.

Type or Print Name of Authorized Representative and Title



Signature

____ Date

DRIVING-UNDER-THE-INFLUENCE PROGRAM BUDGET SUMMARY

DATE: _____ COUNTY: _____

Driving-Under-the-Influence Program Name: _____ License #: - _____

Address: _____

Corporate Name: _____

Fiscal Year: _____

	A	B	C	D
1) PROJECTED FEE ANALYSIS	NO FEE	INCOMPLETE FEE	FULL FEE	TOTAL
2) Number of Clients				
3) % of Total Clients				
4) Total Amount to be Collected				
5) Average Fee to be Collected				
6) ESTIMATED GROSS REVENUE			\$ _____	

Cost Summary:Amounts

7) PERSONAL SERVICES (from line 5, DHCS/DUI 7825) \$ _____

8) OPERATING EXPENSES (from DHCS/DUI 7830) \$ _____

9) EQUIPMENT DEPRECIATION (from line 2, DHCS/DUI 7835) \$ _____

10) FACILITY DEPRECIATION (from line 4, DHCS/DUI 7835) \$ _____

11) **ESTIMATED GROSS BUDGET** \$ _____12) **Profit/Surplus** \$ _____

=====

Bookkeeper: _____ Auditor: _____

Telephone: _____ Telephone: _____

Accountant: _____ Telephone: _____

DRIVING-UNDER-THE-INFLUENCE PROGRAM BUDGET SUMMARY

DATE: _____ COUNTY: _____

Driving-Under-the-Influence Program Name: _____ License #: - _____

Address: _____

Corporate Name: _____

Fiscal Year: _____

	A	B	C	D
1) PROJECTED FEE ANALYSIS	NO FEE	INCOMPLETE FEE	FULL FEE	TOTAL
2) Number of Clients				
3) % of Total Clients				
4) Total Amount to be Collected				
5) Average Fee to be Collected				
6) ESTIMATED GROSS REVENUE			\$ _____	

Cost Summary:Amounts

7) PERSONAL SERVICES (from line 5, DHCS/DUI 7825) \$ _____

8) OPERATING EXPENSES (from DHCS/DUI 7830) \$ _____

9) EQUIPMENT DEPRECIATION (from line 2, DHCS/DUI 7835) \$ _____

10) FACILITY DEPRECIATION (from line 4, DHCS/DUI 7835) \$ _____

11) **ESTIMATED GROSS BUDGET** \$ _____12) **Profit/Surplus** \$ _____

=====

Bookkeeper: _____ Auditor: _____

Telephone: _____ Telephone: _____

Accountant: _____ Telephone: _____

Startup - Driving Under the Influence - DUI Services						
February 1, 2024 to April 2024						
Do not enter numbers into the blue shaded cells, they have calculations inbedded in them.						
		Start Up				
		2024	Description/Calculations/Justification			
Direct Expenses						
Payroll		37,500		Linked to the Salary total in the Sta		
Benefits & Taxes		6,750		Linked to the Salary total in the Sta		
Total Direct Payroll		44,250				
Direct Services & Supplies						
Office Lease		21,000				
Equipment Purchases/Leases		10,000				
Communications		1,500				
Facilities						
IT Service						
Professional Services						
Supplies						
Insurance						
Auto Mileage		5,000				
Food						
Conferences/Seminars						
General Expenses						
Total Direct Services & Supplies		37,500				
Total Direct Expenses		81,750				
Indirect Expenses						
Payroll						
Benefits & Taxes						
Total Indirect Payroll		-				
Indirect Services & Supplies						
Office Lease						
Equipment Purchases/Leases						
Facilities						
IT Service						
Professional Services						
Insurance						
General Expenses						
Total Indirect Services & Supplies		-				
Total Indirect Expenses		-		Not to exceed 15% of Direct Expenses		
Total Expenses		81,750				
No to exceed Start Up Budget Maximum						
	Variance to Budget Max	(81,750)	(over)			
Do not enter numbers into the blue shaded cells, they have calculations inbedded in them.						

AERS Oxnard

YEAR 1- Driving Under the Influence - DUI Services May 1, 2024 through June 30, 2024

				2 Month	
				Year 1	Description/Calculations/Justification
Revenue				\$237,256	From Form DHCS/DUII7820
Direct Expenses					
Payroll				\$59,040	
Benefits & Taxes				\$10,627	
Total Direct Payroll				\$69,667	
Direct Services & Supplies					
Office Rent/Lease				\$14,000	
Equipment Purchases/Leases				\$12,000	
Utilities (telephone, gas, electricity etc.)				\$3,000	
Communications				\$2,800	
Facilities Repairs and Maintenance				\$2,000	
IT Service				\$2,000	
Professional Services				\$2,000	
Cleaning				\$1,400	
Supplies				\$6,000	
Insurance				\$3,000	
Vehicle or Transportation				\$5,000	
Client Refunds				\$2,400	
Food				\$1,000	
General Expenses/Credit Card Fees				\$6,000	
DHCS Fees				\$2,431	*143projected clients
County Fees				\$136	
Total Direct Services & Supplies				\$65,167	
Total Direct Expenses				\$134,834	
Indirect Expenses					
Payroll				\$62,400	
Benefits & Taxes				\$11,232	
Total Indirect Payroll				\$73,632	
Indirect Services & Supplies					
Office Lease				\$2,000	
Equipment Purchases/Leases					
Facilities				\$1,500	
IT Service				\$1,000	
Professional Services				\$1,000	
Insurance				\$1,000	
General Expenses				\$1,000	
Total Indirect Services & Supplies				\$7,500	
Total Indirect Expenses				\$81,132	
Total Expenses				\$215,966	
Net Profit				\$21290	
Agreement Maximum				\$23,726	
				-\$2,436	

AERS Oxnard

YEAR 2 - Driving Under the Influence - DUI Services July 1, 2024 Through June 30, 2025

12 Month Budget				
			Year 2	Description/Calculations/Justification
Revenue			\$1,448,242	From Form DHCS/DUII7820
Direct Expenses				
Payroll			\$373,560	
Benefits & Taxes			\$67,241	
Total Direct Payroll			\$440,801	
Direct Services & Supplies				
Office Lease			\$84,000	
Equipment Purchases/Leases			\$30,000	
Utilities			\$12,000	
Communications			\$24,000	Virtual Service, Zoom, Jot Form, Phone, Internet
Facilities Repairs and Maintenance			\$12,000	
IT Service			\$12,000	
Professional Services			\$24,000	
Cleaning			\$12,000	
Supplies			\$36,000	
Insurance			\$12,000	
Vehicle or Transportation			\$12,000	
Client Refunds			\$25,000	
Food - Meetings			\$6,000	
Conferences/Seminars			\$6,000	Once established regular trainings
General Expenses			\$36,000	
DHCS Fees			\$15,300	*900 projected clients
County Fees			\$45,000	
Total Direct Services & Supplies			\$403,300	
Total Direct Expenses			\$844,101	
Indirect Expenses				
Payroll			\$350,200	
Benefits & Taxes			\$63,036	
Total Indirect Payroll			\$413,236	
Indirect Services & Supplies				
Office Lease			\$12,000	
Equipment Purchases/Leases				
Facilities			\$6,000	
IT Service			\$6,000	
Professional Services			\$6,000	
Insurance			\$6,000	
General Expenses			\$20,000	
Total Indirect Services & Supplies			\$56,000	
Total Indirect Expenses			\$469,236	
Total Expenses			\$1,313,337	
Net Profit			\$134,905	
10% of Net			\$144,824	
			-\$9,919	

AERS Oxnard

YEAR 1&2- Driving Under the Influence - DUI Services									
Year 1			Direct Staffing						
	Provider Name								
	May 1, 2024 through June 30, 2024		5 Month Budget						
Enter information into cells with gray shading									
		5 Month Proposal							
		Annual	Hourly		Benefit	Total Payroll			
Ref	Position Title	Hours**	Rate	FTE	Rate	Salary	Benefits	Total S&B	
	Sample	1,200	\$ 8.00	1.00	20%	9,600	1,920	11,520	
1	Counselor	320	\$ 33.00	4.00	18%	42,240	7,603	49,843	
2	Counselor	160	\$ 30.00	0.50	18%	4,800	864	5,664	
3	Counselor	160	\$ 30.00	0.50	18%	4,800	864	5,664	
4	Counselor	160	\$ 30.00	0.50	18%	4,800	864	5,664	
5	Counselor	80	\$ 30.00	0.50	18%	2,400	432	2,832	
6						- 0	- 0	- 0	
7						- 0	- 0	- 0	
8						- 0	- 0	- 0	
9						- 0	- 0	- 0	
29						- 0	- 0	- 0	
30						- 0	- 0	- 0	
31						- 0	- 0	- 0	
32						- 0	- 0	- 0	
33						- 0	- 0	- 0	
34						- 0	- 0	- 0	
35						- 0	- 0	- 0	
36						- 0	- 0	- 0	
37						- 0	- 0	- 0	
38						- 0	- 0	- 0	
39						- 0	- 0	- 0	
40						- 0	- 0	- 0	
	Totals linked to Proposed Budget Tab					59,040	10,627	69,667	
	**Annual hours should take into account the start up period								

AERS Oxnard

Year 2			Direct Staffing					
	Provider Name							
	July 1, 2024 through June 30, 2025		12 Month Budget					
	Enter information into cells with gray shading							
		12 Month Proposal						
		Annual	Hourly		Benefit	Total Payroll		
Ref	Position Title	Hours	Rate	FTE	Rate	Salary	Benefits	Total S&B
1	Sample	1,080	\$ 10.00	0.50	20%	10,800	2,160	12,960
2	Conselor	2,080	\$ 33.00	4.00	18%	274,560	49,421	323,981
3	Counselor	1,300	\$ 30.00	0.63	18%	39,000	7,020	46,020
4	Counselor	1,040	\$ 30.00	0.50	18%	31,200	5,616	36,816
5	Counselor	480	\$ 30.00	0.50	18%	14,400	2,592	16,992
6	Counselor	480	\$ 30.00	0.50	18%	14,400	2,592	16,992
7						- 0	- 0	- 0
8						- 0	- 0	- 0
9						- 0	- 0	- 0
10						- 0	- 0	- 0
30						- 0	- 0	- 0
31						- 0	- 0	- 0
32						- 0	- 0	- 0
33						- 0	- 0	- 0
34						- 0	- 0	- 0
35						- 0	- 0	- 0
36						- 0	- 0	- 0
37						- 0	- 0	- 0
38						- 0	- 0	- 0
39						- 0	- 0	- 0
40						- 0	- 0	- 0
41						- 0	- 0	- 0
	Totals linked to Proposed Budget Tab					373,560	67,241	440,801

AERS Oxnard

YEAR 1&2- Driving Under the Influence - DUI Services								
Year 1			Indirect Staffing					
	Provider Name							
	May 1, 2024 through June 30, 2024		5 Month Budget					
Enter information into cells with gray shading								
		5 Month Proposal						
		Annual	Hourly		Benefit	Total Payroll		
Ref	Position Title	Hours**	Rate	FTE	Rate	Salary	Benefits	Total S&B
	Sample	1,200	\$ 8.00	1.00	20%	9,600	1,920	11,520
1	Clerk	320	\$ 25.00	1.00	18%	8,000	1,440	9,440
2	Clerk	320	\$ 25.00	0.50	18%	8,000	1,440	9,440
3	Program Manager	320	\$ 40.00	1.00	18%	12,800	2,304	15,104
4	Operations Manager	320	\$ 45.00	1.00	18%	14,400	2,592	16,992
5	Program Director	320	\$ 60.00	1.00	18%	19,200	3,456	22,656
6						- 0	- 0	- 0
7						- 0	- 0	- 0
8						- 0	- 0	- 0
9						- 0	- 0	- 0
10						- 0	- 0	- 0
11						- 0	- 0	- 0
35						- 0	- 0	- 0
36						- 0	- 0	- 0
37						- 0	- 0	- 0
38						- 0	- 0	- 0
39						- 0	- 0	- 0
40						- 0	- 0	- 0
	Totals linked to Proposed Budget Tab			4.50		62,400	11,232	73,632
	**Annual hours should take into account the start up period							

AERS Oxnard

	Year 2		Indirect Staffing						
	Provider Name								
	July 1, 2024 through June 30, 2025		12 Month Budget						
	Enter information into cells with gray shading								
			12 Month Proposal						
			Annual	Hourly		Benefit	Total Payroll		
	Ref	Position Title	Hours	Rate	FTE	Rate	Salary	Benefits	Total S&B
	1		1,080	\$ 10.00	0.50	20%	10,800	2,160	12,960
	2	Clerk	2,080	\$ 25.00	1.00	18%	52,000	9,360	61,360
	3	Clerk	1,040	\$ 25.00	0.50	18%	26,000	4,680	30,680
	4	Program Manager	2,080	\$ 40.00	1.00	18%	83,200	14,976	98,176
	5	Operations Manager	1,800	\$ 45.00	1.00	18%	81,000	14,580	95,580
	6	Program Director	1,800	\$ 60.00	1.00	18%	108,000	19,440	127,440
	7						- 0	- 0	- 0
	8						- 0	- 0	- 0
	9						- 0	- 0	- 0
	10						- 0	- 0	- 0
	11						- 0	- 0	- 0
	12						- 0	- 0	- 0
	36						- 0	- 0	- 0
	37						- 0	- 0	- 0
	38						- 0	- 0	- 0
	39						- 0	- 0	- 0
	40						- 0	- 0	- 0
	41						- 0	- 0	- 0
		Totals linked to Proposed Budget Tab			5.00		350,200	63,036	413,236

AERS Oxnard

/	Schedule 6 Revenue Calculation					Prepared by: Date Prepared:		Aaron Watkins 1.24		
Provider Name: AERS Oxnard										
Budget for: FY23-24 Annual Budget										
Year 1(5.2024 to 6.2024)					Revenue Calculation					
							Ventura County Clients			
Modality		Registration	Program	No	# of Clients	Full	Total	Percent	Total	Average Fee
		Fees	Fees	Fee	Incomplete	Fee	Clients	of Clients	Fees	to be Collected
					Fee					
Wet Reckless/12 hour		\$ 250.00	182	1	0	1	2	1.4%	\$ 432	\$ 216
Three Month		\$ 250.00	737	1	6	49	56	39.2%	\$ 48,363	\$ 864
Six Month		\$ 250.00	1332	0	2	16	18	12.6%	\$ 25,312	\$ 1,406
Nine Month		\$ 250.00	1807	1	2	14	17	11.9%	\$ 28,798	\$ 1,694
18 month/multiple offender		\$ 250.00	2707	1	6	43	50	35.0%	\$ 127,151	\$ 2,543
				4	16	123				
				Collect	\$7200					
							143	100%	\$ 237,256	

AERS Oxnard

[illegible]

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS

Executive Director

Program Address

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Corporate Address

12560 Central Ave. Chino CA 91710

909-591-4761

awatkins@aers.us

Part II
General Information

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS

Executive Director

Program Address

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Corporate Address

12560 Central Ave. Chino CA 91710

909-591-4761

awatkins@aers.us

Part II
Subsection I
Board of Supervisors Approval Pending

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS

Executive Director

Program Address

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Corporate Address

12560 Central Ave. Chino CA 91710

909-591-4761

awatkins@aers.us

Part II
Subsection II
N/A

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS

Executive Director

Program Address

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Corporate Address

12560 Central Ave. Chino CA 91710

909-591-4761

awatkins@aers.us

Part II
Subsection III
County Operating Agreement Pending
Document has been accepted and signed

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS

Executive Director

Program Address

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Corporate Address

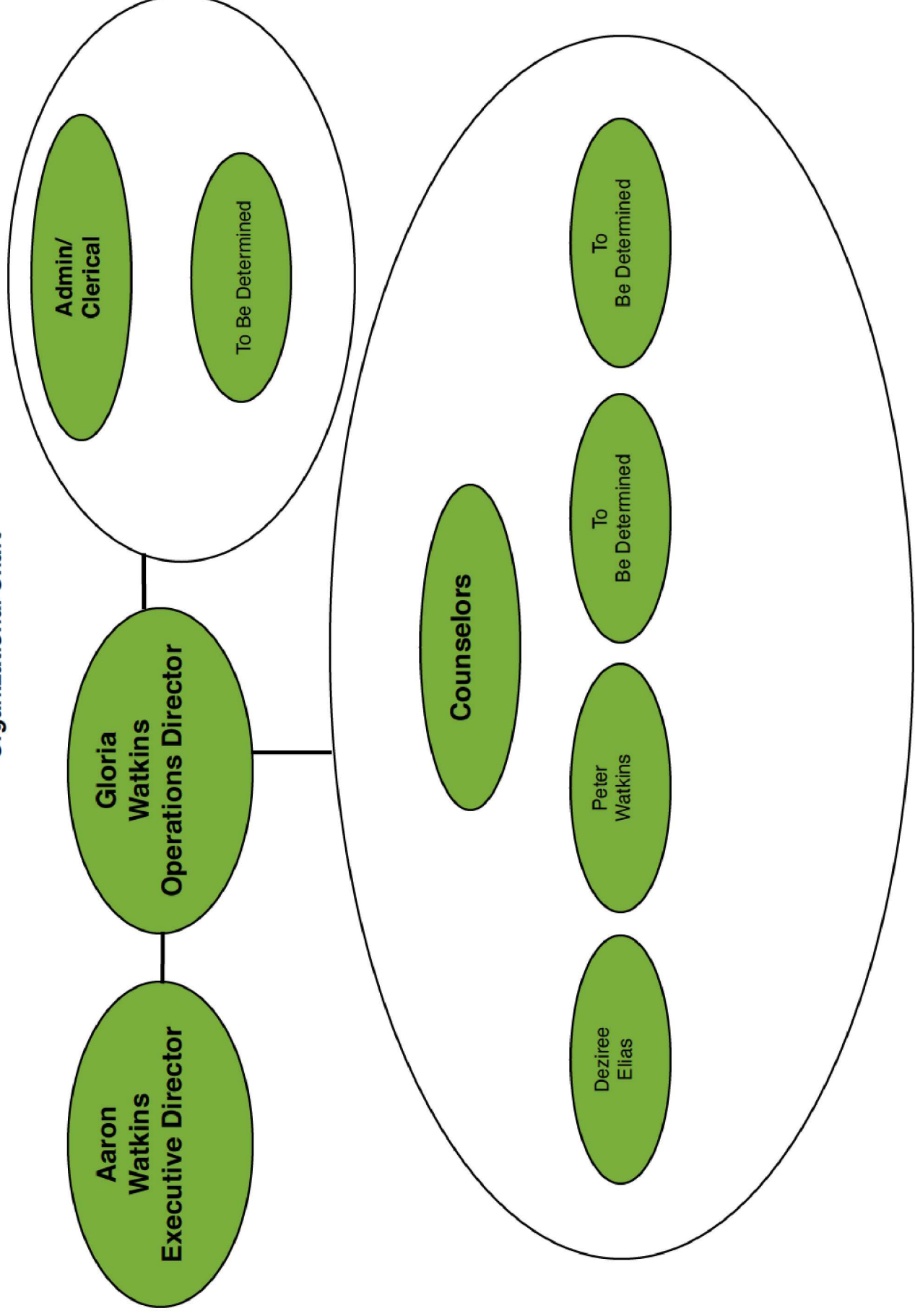
12560 Central Ave. Chino CA 91710

909-591-4761

awatkins@aers.us

Part II
Subsection IV
Organizational Chart

**W & G Enterprises Alcohol Education & Recovery Services Ventura County
Organizational Chart**



W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS

Executive Director

Program Address

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Corporate Address

12560 Central Ave. Chino CA 91710

909-591-4761

awatkins@aers.us

Part II
Subsection V
Business License Pending

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS

Executive Director

Program Address

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Corporate Address

12560 Central Ave. Chino CA 91710

909-591-4761

awatkins@aers.us

Part II
Subsection VI
Fire Clearance Pending

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS

Executive Director

Program Address

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Corporate Address

12560 Central Ave. Chino CA 91710

909-591-4761

awatkins@aers.us

Part III
Written Plan of Operation

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS

Executive Director

Program Address

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Corporate Address

12560 Central Ave. Chino CA 91710

909-591-4761

awatkins@aers.us

Part III
Subsection 1
Location and Services to be Provided

W & G Enterprises, Inc.

Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS Executive Director

Program Address

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Location and Services to be Provided

This document outlines the specific policies, procedures and protocols for providing Driving-Under-The-Influence Program services in compliance with Title 9, Div. 4, Chapter 3 of the CCR, Programs for Impaired Drivers.

Plan of Operation

Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Program Address

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Hours of Operation; Monday thru Thursday 10am to 8pm,

This facility operates the following programs;

- Wet Reckless(SB1176)
- 3 Month(AB541)
- 6 Month(AB762)
- 9 month(AB1353)
- 18 Month Multiple Offender

Languages: Services at this location are provided in English and Spanish

Staff: Program staff includes a Program Director and counselors who are licensed, registered or certified(in accordance with Chapter 8, commencing with Section 13000), and a clerk. Written evidence of counselors' registration or certification, along with a signed code of conduct from the approved registration/certification organization will be maintained in the staff members' personnel file, located at the facility. The personnel file for all staff will include name, address, telephone number, position, duties, date of employment, resumes, applications and documentation of work experience and education demonstrating compliance with the experience/education requirements of the program.

This program does not use volunteers or paid interns in the provision of DUI program services.

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS

Executive Director

Program Address

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Corporate Address

12560 Central Ave. Chino CA 91710

909-591-4761

awatkins@aers.us

Part III
Subsection 2
Participant Contracts

AB 541 3 Month Summary Page Proposal

Activity	U	Component	Cost	Time	Total Cost	Proposed	Old
Intake/Assessment	1	Intake/Assessment	\$155		\$155		
Initial Face to Face Interview	1	1 Face to Face Interview @\$25	\$25	0.25	\$25		
County Monitoring Fee	1		\$50		\$50		
State Monitoring Fee	1		\$17		\$17		
Total Initial Program Fee						\$247	
Mid Point Interview	1	1 Face to Face Interview @\$25	\$25	0.25	\$25		
Education Sessions	6	6 Sessions 2.0 @ \$35 per session	\$35	12	\$210		
Group Counseling Sessions	12	12 Sessions 1.5 @ \$40 per session	\$40	18	\$480		
Exit Interview	1	1 Face to Face Interview @ \$25	\$25	0.25	\$25		
Total Component Fee						\$740	
Total Program Services		(Intake & Assessment)(.25 Initial Int) (12 Ed) (18 GRP) (.25 Mid)(.25 Exit Interview)		30.75		\$987	\$1128
Total Proj. Income	635					\$626745	\$716280
Reduction						\$89535	12.5%

AB541 3 Month Program (3 Months)

Week	Activity	Component	Component Cost	Time	Total Cost	Monitoring Fees
	Intake/Assessment	Intake/Assessment	(\$75)+(\$80)		\$155	\$67
	Initial Face to Face	0.25	\$25	0.25	\$25	
1	Education	2	\$35	2	\$35	
	Grp	1.5	\$40	1.5	\$40	
2	Education	2	\$35	2	\$35	
	Grp	1.5	\$40	1.5	\$40	
3	Education	2	\$35	2	\$35	
	Grp	1.5	\$40	1.5	\$40	
4	Education	2	\$35	2	\$35	
	Grp	1.5	\$40	1.5	\$40	
5	Education	2	\$35	2	\$35	
	Grp	1.5	\$40	1.5	\$40	
6	Education	2	\$35	2	\$35	
	Grp	1.5	\$40	1.5	\$40	
7	Mid Point Face to Face	0.25	\$25	0.25	\$25	
8	Grp	1.5	\$40	1.5	\$40	
9	Grp	1.5	\$40	1.5	\$40	
10	Grp	1.5	\$40	1.5	\$40	
11	Grp	1.5	\$40	1.5	\$40	
12	Grp	1.5	\$40	1.5	\$40	
13	Grp	1.5	\$40	1.5	\$40	
	Exit Interview	.25 Exit Interview	\$25	0.25	\$25	Total With Fees
		(I & A) (.25 Initial Int) (12 Ed) (18 GRP) (.25 Mid)(.25 Exit Interview)		30.75	\$920	\$987

FIRST OFFENDER DUI PROGRAM CONTRACT
(30.75 Hours)

This contract is entered into as of the date set forth herein by and between **Alcohol Education & Recovery Services Oxnard**, hereinafter referred to as "PROGRAM," AND _____ hereinafter referred to as "PARTICIPANT."

IT SHOULD BE UNDERSTOOD THAT THESE RULES AND REGULATIONS GOVERNING THIS CONTRACT ARE SET FORTH BY VENTURA COUNTY BEHAVIORAL HEALTH, AND BY THE STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES. "PROGRAM'S" ROLE IS TO ASSURE THAT EACH PARTICIPANT ADHERES TO THE REQUIREMENTS AS SET FORTH. THE PARTICIPANT AGREES TO ABIDE BY SAID RULES.

PROGRAM REQUIREMENTS

- Intake/Assessment
- 12 Hours of Alcohol/Drug Education: (6 sessions; 2 hours duration each)
- 18 Hours of Group Interaction: (12 weekly group session: 1.5 hr. duration each)
- 15 min Individual Initial Face to Face Interview
- 15 min Individual Mid-Session Interview
- 15 min Individual Exit Interview

PROGRAM RULES/PARTICIPANT RESPONSIBILITY

- Attendance:
The Participant is required to attend all assigned program activities and arrive timely to ensure signing in prior to the beginning of the scheduled activity. Late participants will not be permitted to attend the scheduled activity and will be assessed a \$45 missed activity fee.
- Absences:
A participant in a First Offender Program shall not be allowed more than five (5) total absences per period of enrollment. A participant who is absent more than 5 times will be terminated from the program. Rescheduling an activity 24 hours or more before the activity will not count as an absence. A rescheduling fee of \$45 will be assessed to the participant.
- Make Ups:
Participants are required to make up all absences before receiving a Notice of Completion (Department of Motor Vehicles Form DL101). Make-up sessions must reflect the type of session that the participant missed, and may not be utilized in such a way that accelerates the program. A \$45 fee is assessed for all missed activities.
- Leave of Absence:
Participant may request a leave of absence whenever he/she is unable to attend any scheduled program activities. A leave of absence is requested by submitting a written request to the Program and providing proper documentation that substantiates the need for the leave of absence. A \$45 leave of absence processing fee will be assessed for each leave of absence requested. A leave of absence may be granted for the following reasons only:
 - Military responsibilities requiring an extended absence
 - Work responsibilities requiring travel for an extended period of time.
 - Extended illness or medical treatment of participant or family member
 - Incarceration or participating in a residential alcohol or drug abuse recovery or treatment program.

Participant Initials _____

- Extreme personal hardship or family emergency (not including financial hardship)
 - Pre-planned vacation (only if all missed activities are made up and fees are not delinquent).
 - Time missed while on a leave of absence shall not be counted as participation time.
- **Dress Code:**
Appropriate dress is required in accordance with Program policy. Failure to meet the dress code will result in dismissal from the scheduled activity and the need to make-up the missed activity at a cost of \$45 to the participant.
 - **Program Sobriety/Abstinence**
All Program participants must comply with the Program sobriety regulations as defined in Subsection 9874 of Title 9 of the California Code of Regulations.

The DUI program shall determine whether the participant is under the influence of drugs or alcohol by either: requiring the participant to submit to testing with a chemical device designed to determine if an individual is under the influence or if two or more staff members documenting the behavior in the participant's program record. Title 9 Section 9874 (c) (2).

If the DUI program determines that the participant is under the influence of drugs or alcohol, the DUI program shall advise the participant that he/she may obtain a drug test at his/her own expense in order to refute the determination of being under the influence of drugs. Title 9 Section 9874 (e) (1). If the participant chooses to obtain a drug screening, it must be conducted by a clinical laboratory licensed by the Department of Health Services and must be conducted within 24 hours of the DUI program determination that participant was under the influence.

A participant directed to leave the facility with the determination that he/she is under the influence of alcohol or other drugs shall be counseled to arrange for transportation to the participant's place of residence at the participant's expense. Law enforcement will be called if a participant chooses to drive.

EXTENSION

Should the participant's attendance necessitate requesting an extension of time for date to return to court with a Notification of Completion (DL101), the participant shall be responsible for obtaining the extension from the sentencing court.

TERMINATION FOR PROGRAM NON-COMPLIANCE

A participant shall be terminated and referred back to the sentencing Court/Probation for the following reasons:

- Fails to participate in required program activities within 21 days of transfer to another Driving Under Influence Program licensed by the Department;
- Fails to maintain program sobriety;
- Fails to comply with Driving-Under-the-Influence program rules;
- Fails to obtain a leave of absence, in accordance with Section 9876.5, when the participant is unable to attend any scheduled program services for 21 days or longer;
- Exceeds the number of allowed absences without a leave of absence approved in accordance with Section 9876.5;
- Is physically or verbally abusive or acts in a threatening manner to program staff or other program participants;
- Fails to resume attending program activities within 21 days of scheduled return from LOA.

Participant Initials_____

A participant may be terminated and referred back to sentencing Court/Probation for the following reason:

- Fails to pay his/her program fees assessed in accordance with the requirement of Section 9879;

Any overpayment of fees shall be refunded to the participant within 90 days of the date of dismissal.

TRANSFERS

A participant who transfers **out** to another State licensed DUI Program shall be assessed a transfer out fee of \$75. This requires that the participant enroll within 21 days of the transfer request and no exceptions will be made for failure to enroll within 21 days. All current/outstanding fees must be paid in full before the Program will complete the transfer request. Any overpayment of fees shall be refunded to the participant.

A participant who transfers **into** the Program from another State licensed DUI Program shall be assessed a transfer in fee of \$75 (plus the \$50 county monitoring fee if from out of county).

FEES FOR SERVICES

The program fee for the AB541 First Offender Program is \$987. If your income qualifies for the General Assistance Grant level in Ventura County of TBD monthly, all Program services will be provided for \$5.00 per month, plus any additional fees incurred by the participant. If your monthly family income is \$1,848.06 or less you are eligible for an extended payment schedule. You have the right to request a financial assessment in order to determine eligibility for the extended payment schedule or the General Assistance Grant level fee of \$5.00 per month.

☐ I am requesting a financial assessment

☐ I am **NOT** requesting a financial assessment

The DUI program may withhold the participant's Notice of Completion certificate until the assessed program fee, and any additional fees assessed have been paid in full. Title 9 Section 9878 (i)

REINSTATEMENT

Any participant terminated from this program may reinstate a sentencing Court/Probation order. A reinstatement interview must be scheduled and a \$75 fee will be assessed for each reinstatement. **Any fees owed at termination must be paid, as well as the reinstatement fees, before reinstatement is completed**

GRIEVANCE

If a participant believes service has been denied based on race, color, religion, sex, place of origin, heritage or mental or physical handicap, or if the participant has complaints about policies, procedures, facilities, or the conduct of staff, notification of these grievances may be addressed to the Program Director of this Program; Ventura County Behavioral Health 1-888-567-2122; or the State of California Department of Health Care Services at (916) 322-2964.

Participant Initials _____

REFUNDS

If a participant is transferred or terminated from the DUI program, a calculation of fees paid will be completed. The DUI program shall refund to the participant any program fee paid in advance for services the participant did not receive. Refunds to participants who have been dismissed from the program shall be issued within ninety days from the date of dismissal.

ADDITIONAL INFORMATION:

- Upon successful completion of this State licensed DUI Program, including payment of all Program fees, this program will issue a Notification of Completion form (DL101).
- I understand that regardless of my DMV or Court outcome, I am financially responsible for services rendered and that fees will not be refunded to me
- I understand that in the event that I enroll in the Program before my court date, it will be my responsibility to provide the program with the court referral papers as soon as I go to court. The court will not be notified of enrollment or any other action until the Program receives my court referral papers.
- I understand that this contract may be amended at a later date to include additional county requirements, when approved by the State of California Department of Health Care Services, in accordance with Title 9, Chapter 3, Division 4 and Ventura County Behavioral Health.
- I declare that to my knowledge, the DUI Program in which I am presently enrolling is the program required by my Court and/or DMV case, and that my enrollment is based solely on the information I have provided to the DUI agency which shall bear no responsibility if that information is incorrect. I declare that there are no other criminal or administrative matters pending against me that would require that I take another program. Therefore, should I complete this present Program and receive a Certificate of Completion and/or DL 101, it is my responsibility to notify the DUI Program if I am sentenced to another Program based on this violation.
- I understand I will not receive financial or activity credit for services rendered should I return to the DUI Program 24 months or longer from the date of my Program dismissal. I also acknowledge that this Program is only required to maintain my file 48 months from the date of transfer to another DUI program; date of dismissal from the program; or date of issuance of a Notice of Completion Certificate.

LOCATION OF SERVICES:

**Alcohol Education & Recovery Services Oxnard
309 S A St.
Oxnard 93030**

Participant Initials_____

SCHEDULE OF SERVICES

Your **group session** assignment is _____ (Day) beginning _____ (Date) at _____ (Time).

Your **education session** assignment is _____ (Day) beginning _____ (Date) at _____ (Time).

Your **mid-interview** will be on _____ (Date) at _____ (Time).

Your **exit interview** will be held on _____ (Date) at _____ (Time).

I have read and understand the rules and requirements as set forth. I also understand this contract may be amended at a later date to include additional program requirements that have been approved by Ventura County Behavioral Health.

This contract has been explained to me and I have received a copy for my records.

I understand that being under the influence of alcohol or drugs, or both, impairs my ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I continue to drive while under the influence of alcohol or drugs, or both, and as a result of my driving, someone is killed, I can be charged with murder.

Participant Name

Participant Signature

Date

Counselor Signature

Date

Attached to this contract is the Fee/Schedule Payment Agreement

FEE BREAKDOWN & FEE PAYMENT AGREEMENT

By signing this agreement, I agree to pay the total Program fee. I understand that I will be terminated from this DUI Program for failure to pay the program fee.

I also understand that a financial assessment will be conducted:

1. Upon my request;
2. Monthly if I qualify for the General Assistant Benefit Level.

Program Activities	Number Required	Unit Cost	Total
Intake/Assessment	1	\$155	\$155
Group	12(1.5 Hours)	\$40	\$480
Education	6(2 Hours)	\$35	\$210
Interviews	3(.25 Hours)	\$25	\$75
County Monitoring Fee	1	\$50	\$50
State Monitoring Fee	1	\$17	\$17
Total			<u>\$987</u>

Additional Program Fees

Duplicate DL101/Research	\$25
Transfer Out(In County/Out of County)	\$75
Transfer Out Fee if on General Assistance Benefit Level	\$5
Returned check	\$40
Missed Activity Fee	\$45
Rescheduling Fee	\$45
Rescheduling Fee (for Missed Activity) General Assistance Benefit Level	\$5
Leave of Absence Processing Fee	\$45
Reinstatement	\$75
Reinstate if on General Assistance Benefit Level	\$10
Transfer-In Fee (In County/Out of County)	\$75

PAYMENT SCHEDULE	
TOTAL PROGRAM FEE	\$ 987
Down-payment	\$ 250
BALANCE DUE	\$ 737
Weekly, Bi-Weekly, Monthly Payment Amount (Circle One)	\$60
Payment 1 of <u>\$60</u> payments is due by _____ with a final payment due on <u>TBD</u> .	
Signature of Participant	Date
Signature/Title of Program Representative	Date

CONTRATO SOBRE EL PROGRAMA DE PRIMERA OFENSA POR MANEJAR BAJO LA INFLUENCIA (DUI
por sus siglas en inglés)
(30.75 Horas)

Este contrato se realiza a partir de la fecha aquí establecida entre las partes **Alcohol Education and Recovery Services Oxnard** de aquí en adelante denominado como el "PROGRAMA," Y
_____ de aquí en adelante denominado como "PARTICIPANTE."

DEBE ENTENDERSE QUE ESTAS REGLAS Y REGLAMENTOS QUE RIGEN ESTE CONTRATO SON ESTABLECIDAS POR VENTURA COUNTY BEHAVIORAL HEALTH Y POR EL DEPARTAMENTO DE SERVICIOS DE SALUD DEL ESTADO DE CALIFORNIA. LA FUNCIÓN DEL "PROGRAMA" ES DE ASEGURAR QUE CADA PARTICIPANTE SE ADHIERA A LOS REQUISITOS COMO ESTÁN PUBLICADOS. EL O LA PARTICIPANTE ESTÁ DE ACUERDO EN CUMPLIR CON DICHAS REGLAS.

REQUISITOS DEL PROGRAMA

- Admisión/Evaluación
- 12 Horas de Educación sobre Alcohol/Drogas: (6 sesiones; 2 horas de duración cada una)
- 18 Horas de Interacción Grupal: (12 ses.grup. sem.: 1.5 horas de duración cada una)
- Entrevista inicial individual cara a cara de 15 min.
- Entrevista individual de mitad de sesión de 15 minutos
- Entrevista de salida individual de 15 min.

REGLAS DEL PROGRAMA/RESPONSABILIDAD DE LOS PARTICIPANTES

- Asistencia:
Se requiere que los Participantes asistan a todas las actividades designadas del programa y lleguen a tiempo para asegurar que se registren antes de iniciar la actividad programada. No se permitirá a los participantes que lleguen tarde a la actividad programada y se les cobrará una cuota de \$45 por la actividad desaprovechada.
- Ausencias:
No se permitirá a los participantes del Programa de Primera Ofensa más de cinco (5) ausencias en total por periodo de inscripción. Serán terminados del programa a los participantes que estén ausentes más de 5 veces. No contará como una ausencia si vuelve a programar una actividad 24 horas o más antes de la actividad. Se impondrá una cuota de \$45 a los participantes para volver a programar.
- Compensación por No Haber Asistido:
Se requiere que los Participantes compensen todas las ausencias antes de recibir un Aviso de Conclusión (Formulario DL101 del Departamento de Tránsito). Las sesiones para compensar la ausencia deben reflejar el tipo de sesión a la que él o la participante no asistieron y no se puede utilizar de tal manera que acelere el programa. Se impondrá una cuota de \$45 a todas las actividades que no asistió
- Permiso de Ausencia:
Los Participantes pueden solicitar un permiso de ausencia cuando no puedan asistir a cualquiera de los programas de la actividad prevista. Un permiso de ausencia se solicita presentando una solicitud por escrito al Programa y proporcionando documentación adecuada que corrobore la necesidad para el permiso de ausencia. Una cuota de procesamiento de \$45 será evaluada por cada ausencia solicitada. El permiso de ausencia puede ser concedido solamente por alguno de los motivos a continuación:
 - Responsabilidad militar que requiera una ausencia prolongada
 - Responsabilidad de trabajo que requiera viaje prolongado.
 - Enfermedad prolongada o tratamiento médico de participantes o de familiares cercanos
 - Encarcelamiento o participación en un programa residencial de tratamiento o recuperación por abuso de alcohol o drogas.

Iniciales del/de la Participante_____

- Extrema adversidad personal o emergencia familiar (sin incluir apuros financieros)
- Vacaciones planeadas con anticipación (sólo si se han compensado todas las actividades que no asistió y no hay morosidad de pago de cuotas).
- El tiempo desaprovechado durante un permiso de ausencia no será computado como tiempo de participación.
- Normas de Vestir:
Se requiere vestimenta apropiada de acuerdo a las políticas del Programa. La falta de cumplir con las normas de vestir resultará en despido de la actividad programada y se verá en la necesidad de compensar la actividad a la que no asistió por un costo de \$45 a los participantes.
- Sobriedad/Abstinencia en el Programa
Todos los participantes del Programa deben cumplir con los reglamentos de sobriedad del Programa como se define en la Subsección 9874 del Título 9 del Código de Reglamentos de California.
El programa de Manejar Bajo la Influencia (DUI por sus siglas en inglés) determinará si el participante está bajo la influencia de drogas o alcohol al: requerir que el participante se someta a una prueba con un dispositivo químico diseñado para determinar si un individuo está bajo la influencia, o si dos o más miembros del personal documentan el comportamiento en el registro del participante del programa. Título 9 Sección 9874 (c) (2).
Si el programa de Manejar Bajo la Influencia (DUI por sus siglas en inglés) determina que el participante está bajo la influencia de las drogas o el alcohol, el programa DUI sugerirá al participante que él/ella podría obtener un examen de drogas por su propia cuenta para refutar la determinación de estar bajo la influencia de las drogas. Título 9, Sección 9874 (e)(1). Si el participante escoge obtener una evaluación de drogas, tiene que llevarse a cabo por un laboratorio clínico autorizado por el Departamento de Servicios de Salud dentro de las 24 horas siguientes de la determinación del programa DUI de que el participante estaba bajo la influencia de las drogas.
Cualquier participante con instrucciones de retirarse de las instalaciones después de determinar que él/ella se encuentra bajo la influencia de alcohol u otras drogas será aconsejada para hacer arreglos de transportación por su propia cuenta al lugar de residencia del/de la participante. Se llamará a la autoridad policial si algún participante opta por manejar en esas condiciones.

EXTENSIÓN

Dado el caso que los participantes que asisten al programa necesiten solicitar una extensión de tiempo para postergar a una fecha futura un Aviso de Conclusión (DL101) a la corte, los participantes tendrán la responsabilidad de obtener la extensión de la corte que dictó la sentencia.

TERMINACIÓN POR FALTA DE CUMPLIMIENTO CON EL PROGRAMA

Se dará terminación del programa a los participantes y serán recomendados otra vez a la Corte que dictó la sentencia o al Departamento de Probatoria por los siguientes motivos:

- Incumplimiento en participar en las actividades requeridas del programa dentro de 21 días de haberse transferido a otro Programa por Manejar Bajo la Influencia autorizado por el Departamento;
- Incumplimiento en mantener sobriedad en el programa;
- Incumplimiento en seguir las reglas del Programa por Manejar Bajo la Influencia;
- Falla en obtener un permiso de ausencia, según la Sección 9876.5, cuando él o la participante no puede asistir a los servicios programados del programa durante 21 días o más;
- Sobrepasa el número de ausencias permitidas sin un permiso de ausencia aprobado, según la Sección 9876.5;
- Abusa física o verbalmente o actúa de manera amenazante con el personal del Programa o con otros participantes del programa;
- Incumplimiento en reanudar su asistencia a las actividades del programa dentro de los 21 días de la reanudación programada del LOA.

Los participantes pueden ser terminados y ser referidos nuevamente a la Corte que dictó la sentencia y/o al Departamento de Probatoria por el siguiente motivo:

- No cumple con el pago de las cuotas evaluadas de su programa de conformidad con los requisitos de la Sección 9879;

Iniciales del/de la Participante_____

Cualquier pago excesivo de honorarios será devuelto al participante dentro de los 90 días de la fecha de salida.

TRANSFERENCIAS

Los participantes que se trasladan **fuera** a otro programa Estatal autorizado de DUI, se les impondrá una cuota de admisión de transferencia de \$75. Esto requiere que los participantes se inscriban dentro de los 21 días a partir de la solicitud de transferencia y no se harán excepciones por el incumplimiento de inscripción dentro de los 21 días. Todas las cuotas actuales/pendientes deberán pagarse en su totalidad antes que el Programa complete la solicitud de transferencia. Cualquier pago excesivo de honorarios deberá ser devuelto al participante.

Los participantes que se transfieran **al** Programa de otro programa Estatal autorizado de DUI, se le impondrá una cuota de admisión de transferencia de \$75 (Agregue la tarifa del condado de \$50)

CUOTAS POR SERVICIOS

La cuota del programa para el Programa de Primera Ofensa es de **\$987**. Si sus ingresos califican para el nivel de Concesión General de Asistencia en el Condado de Ventura Behavioral Health, todos los servicios del Programa serán ofrecidos por **\$5.00** al mes, más cualquier cuota adicional incurrida por los participantes. Si su ingreso familiar mensual es de **\$1,848.06** o menos, usted es elegible para un programa extendido de pago. Usted tiene derecho a solicitar una evaluación financiera a fin de determinar elegibilidad para el programa extendido de pago o la cuota del Programa de Asistencia General de **\$5.00** por mes.

☐ Estoy solicitando una evaluación financiera

☐ **NO** estoy solicitando una evaluación financiera

El programa DUI podrá retener el Certificado de Aviso de Conclusión del participante hasta que la tarifa evaluada del programa y los cargos evaluados adicionales se han pagado en su totalidad. Título 9 Sección 9878 (i).

REINCORPORACIÓN

Cualquier participante que se termine de este programa puede reincorporarse mediante una orden de sentencia de la Corte/Probatoria. Se debe programar una entrevista de reingreso y se cobrará una cuota de \$75 por cada reingreso. **Toda cuota deudora al momento de terminación debe ser pagada, como también las cuotas de reingreso, antes de que se dé por completado el reingreso**

QUEJAS

Si algún participante cree que se le ha negado servicio a causa de su raza, color, religión, sexo, lugar de origen, patrimonio cultural o discapacidad física o mental, o si él o la participante tiene quejas sobre las políticas, los procedimientos, las instalaciones o el comportamiento del personal, la notificación de estas quejas se pueden dirigir al Director del Programa del presente programa o al Condado de Ventura Behavioral Health 1-888-567-2122, o al Departamento de Servicios de Salud del Estado de California al (916) 322-2964.

REEMBOLSOS

Si un participante es transferido o terminado del programa de DUI, se completará un cálculo de los honorarios pagados. El programa de DUI reembolsará al participante cualquier tarifa del programa pagada por adelantado por servicios que el participante no recibió. Los reembolsos a los participantes que hayan sido terminados del programa serán emitidos dentro de los noventa días a partir de la fecha del salida.

INFORMACIÓN ADICIONAL:

- Al completar exitosamente este Programa de DUI autorizado por el Estado, inclusive el pago de todas las cuotas del Programa, este programa emitirá un formulario (DL101) de Aviso de Conclusión.

Iniciales del/de la Participante_____

- Entiendo que, a pesar de mi resultado con el DMV o la Corte, soy responsable financieramente por los servicios prestados y que las cuotas no me serán devueltas
- Entiendo que, dado el caso me inscriba en el Programa antes de mi fecha de comparecencia en corte, será mi responsabilidad entregar al programa los documentos de referencia de la corte tan pronto vaya yo a corte. La corte no recibirá notificación de inscripción ni de otra acción hasta que el Programa reciba mis documentos de referencia de la corte.
- Entiendo que el presente contrato pudiera ser enmendado en una fecha futura para incluir requisitos adicionales del condado, cuando sea aprobado por el Departamento de Servicios de Salud del Estado de California, en conformidad con el Título 9, Capítulo 3, División 4 y el Condado de Ventura Behavioral Health.
- Yo declaro que a mi conocimiento, el programa DUI (por sus siglas en inglés) en el cual me estoy inscribiendo ahora es el programa requerido por mi caso del Tribunal y/o DMV (por sus siglas en inglés) y que mi inscripción está basada únicamente en la información que he proporcionado a la agencia DUI la cual no deberá tener ninguna responsabilidad si esa información está incorrecta. Yo declaro que no hay otros casos penales o administrativos pendientes en mi contra que pudieran requerir que yo asista a otro programa. De manera que, si yo completase el presente Programa y recibiese un Certificado de Conclusión y/o DL 101, es mi responsabilidad de notificar al Programa de DUI si estoy sentenciado a otro Programa de DUI en base a esta violación.
- Yo entiendo que no recibiré crédito financiero ni crédito de actividad por los servicios prestados si regreso yo al Programa DUI 24 meses o más a partir de la fecha de mi salida del Programa. También reconozco que a este programa sólo le exigen mantener mi expediente por 48 meses a partir de la fecha de admisión de transferencia de otro programa DUI; fecha de salida del programa; o fecha de emisión de un Certificado de Aviso de Conclusión.

UBICACIÓN DE LOS SERVICIOS:

**Alcohol Education & Recovery Services Oxnard
309 S A St.
Oxnard 93030**

Su asignación de **sesión en grupo** es _____ (Día) comenzando _____ (Fecha) a las _____ (Hora).

Su asignación de **sesión de educación** es _____ (Día) comenzando _____ (Fecha) a las _____ (Hora).

Su **entrevista de media sesión** será en _____ (Fecha) a las _____ (Hora).

Su **entrevista de egreso** se efectuará el _____ (Fecha) a las _____ (Hora).

He leído y entendido las reglas y requisitos como están publicados aquí. También entiendo que este contrato puede ser enmendado en una fecha futura para incluir requisitos adicionales al Programa que hayan sido aprobados por el Condado de Ventura Behavioral Health.

WATSON ADVISEMENT

Este contrato se me ha explicado y he recibido una copia para mi expediente personal.

Entiendo que encontrarse bajo los efectos del alcohol o las drogas o ambos, daña mi habilidad para conducir un vehículo motorizado de manera segura. Por lo tanto, es extremadamente peligroso para la vida humana manejar bajo los efectos del alcohol o drogas o ambos. Si continúo manejando bajo los efectos del alcohol o las drogas o ambos, y como consecuencia de ello, alguien muere, yo podría ser acusado de homicidio.

Nombre del/de la Participante

Firma del/de la Participante

Fecha

Firma del Consejero

Fecha

Se ha anexoado al presente contrato el Acuerdo Programado de Cuotas

DESGLOSE DE CUOTAS Y ACUERDO DE PAGO DE CUOTAS

Al firmar este contrato, estoy de acuerdo a pagar la cuota total del Programa. Entiendo que se me terminará de este Programa DUI al no cumplir con el pago de las cuotas del programa.

También entiendo que se realizará una evaluación financiera:

1. A solicitud mía;
2. Mensualmente si yo califico para el Nivel de Beneficio para Asistencia General.

Program Activities	Number Required	Unit Cost	Total
Admisión/Evaluación	1	\$155	\$155
Grupo	12(1.5 Horas)	\$40	\$480
Educación	6(2 Horas)	\$35	\$210
Entrevistas	3(.25 Horas)	\$25	\$75
Tarifa del condado	1	\$50	\$50
Tarifa de monitoreo estatal	1	\$17	\$17
Total			<u>\$987</u>

Additional Program Fees

Tarifa DL101 duplicada	\$25
Tarifa de transferencia (dentro del condado/fuera del condado(afuera)	\$75
Cargo por transferencia externa si se encuentra en el nivel de beneficio de asistencia general	\$5
Cheque devuelto	\$40
Tarifa de actividad perdida	\$45
Tarifa de reprogramación	\$45
Tarifa de reprogramación (o actividad perdida) Nivel de beneficio de asistencia general	\$5
Tarifa de procesamiento de licencia de ausencia	\$45
Reinstalación	\$75
Restablecer si está en el nivel de beneficio de asistencia general	\$10
Tarifa de transferencia (dentro del condado/fuera del condado)(en)	\$75

PAYMENT SCHEDULE	
CUOTA TOTAL DEL PROGRAMA	\$ 987
Enganche	\$ 250
SALDO DEUDOR	\$ 737
Pago Seminal	\$60
Pago 1 of <u>\$60</u> los pagos vencen el _____ y el pago final vence el _____.	
Firma de Participante	Fecha
Firma de Representación del programa	Fecha

AB 762 6 Month Summary Page Proposal

Activity	U	Component	Cost	Time	Total Cost	Proposed	Old
Intake/Assessment	1	Intake/Assessment	\$155		\$155		
Initial Face to Face Interview	1	1 Interview @\$25	\$25	0.25	\$25		
County Monitoring Fee	1		\$50		\$50		
State Monitoring Fee	1		\$17		\$17		
Total Initial Program Fee						\$247	
Face To Face Interviews	12	12 Interviews @\$25	\$25	3	\$300		
Education Sessions	6	6 Sessions 2.0 @ \$35 per session	\$35	12	\$210		
Group Counseling Sessions	20	20 Sessions 1.5 @ \$40 per session	\$40	30	\$800		
Exit Interview	1	1 Exit Interview @ \$25	\$25	0.25	\$25		
Total Component Fee						\$1335	
Total Program Services		(Intake & Assessment)(.25 Initial Int) (12 Ed) (30 GRP)(3hr Int)(.25 Exit Interview)		45.5		\$1582	\$1883
Total Proj. Income	209					\$330638	\$393547
Reduction						\$62909	16.0%

AB 762 6 Month Program (26 Weeks)

Activity	Week	Component	Component Cost	Time	Total Cost	Monitoring Fees
Intake/Assessment/Int		(I&A)(.25)	(\$155)+(\$25)	0.25	\$180	\$67
ED	1	2	\$35	2	\$35	
ED/I	2	(2)(.25)	(\$35)(\$25)	2.25	\$60	
ED	3	2	\$35	2	\$35	
ED/I	4	(2)(.25)	(\$35)(\$25)	2.25	\$60	
ED	5	2	\$35	2	\$35	
ED/I	6	(2)(.25)	(\$35)(\$25)	2.25	\$60	
GRP	7	1.5	\$40	1.5	\$40	
GRP/I	8	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	9	1.5	\$40	1.5	\$40	
GRP/I	10	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	11	1.5	\$40	1.5	\$40	
GRP/I	12	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	13	1.5	\$40	1.5	\$40	
GRP/I	14	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	15	1.5	\$40	1.5	\$40	
GRP/I	16	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	17	1.5	\$40	1.5	\$40	
GRP/I	18	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	19	1.5	\$40	1.5	\$40	
GRP/I	20	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	21	1.5	\$40	1.5	\$40	
GRP/I	22	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	23	1.5	\$40	1.5	\$40	
GRP/I	24	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	25	1.5	\$40	1.5	\$40	
GRP/Exit Interview	26	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	Total With Fees
		(Intake & Assessment)(.25 Initial Int) (12 Ed) (30 GRP) (3hr Int)(.25 Exit Interview)		45.5	\$1515	\$1582

FIRST OFFENDER 6 MONTH DUI PROGRAM CONTRACT
(45.5 Hours)

This contract is entered into as of the date set forth herein by and between **Alcohol Education & Recovery Services Oxnard**, hereinafter referred to as "PROGRAM," AND _____ hereinafter referred to as "PARTICIPANT."

IT SHOULD BE UNDERSTOOD THAT THESE RULES AND REGULATIONS GOVERNING THIS CONTRACT ARE SET FORTH BY VENTURA COUNTY BEHAVIORAL HEALTH, AND BY THE STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES. "PROGRAM'S" ROLE IS TO ASSURE THAT EACH PARTICIPANT ADHERES TO THE REQUIREMENTS AS SET FORTH. THE PARTICIPANT AGREES TO ABIDE BY SAID RULES.

PROGRAM REQUIREMENTS

- Intake/Assessment
- 12 Hours of Alcohol/Drug Education: (6 sessions; 2 hours duration each)
- 30 Hours of Group Interaction: (20 weekly group session: 1.5 hr. duration each)
- 15 min Individual Initial Face to Face Interview
- 12 Face to Face Interviews (15 min)
- 15 min Individual Exit Interview

PROGRAM RULES/PARTICIPANT RESPONSIBILITY

- Attendance:
The Participant is required to attend all assigned program activities and arrive timely to ensure signing in prior to the beginning of the scheduled activity. Late participants will not be permitted to attend the scheduled activity and will be assessed a \$45 missed activity fee.
- Absences:
A participant in a First Offender 6 month Program shall not be allowed more than five (7) total absences per period of enrollment. A participant who is absent more than 7 times will be terminated from the program. Rescheduling an activity 24 hours or more before the activity will not count as an absence. A rescheduling fee of \$45 will be assessed to the participant.
- Make Ups:
Participants are required to make up all absences before receiving a Notice of Completion (Department of Motor Vehicles Form DL101). Make-up sessions must reflect the type of session that the participant missed, and may not be utilized in such a way that accelerates the program. A \$45 fee is assessed for all missed activities.
- Leave of Absence:
Participant may request a leave of absence whenever he/she is unable to attend any scheduled program activities. A leave of absence is requested by submitting a written request to the Program and providing proper documentation that substantiates the need for the leave of absence. A \$45 leave of absence processing fee will be assessed for each leave of absence requested. A leave of absence may be granted for the following reasons only:
 - Military responsibilities requiring an extended absence
 - Work responsibilities requiring travel for an extended period of time.
 - Extended illness or medical treatment of participant or family member
 - Incarceration or participating in a residential alcohol or drug abuse recovery or treatment program.

Participant Initials _____

- Extreme personal hardship or family emergency (not including financial hardship)
- Pre-planned vacation (only if all missed activities are made up and fees are not delinquent).
- Time missed while on a leave of absence shall not be counted as participation time.
- **Dress Code:**
Appropriate dress is required in accordance with Program policy. Failure to meet the dress code will result in dismissal from the scheduled activity and the need to make-up the missed activity at a cost of \$45 to the participant.
- **Program Sobriety/Abstinence**
All Program participants must comply with the Program sobriety regulations as defined in Subsection 9874 of Title 9 of the California Code of Regulations.

The DUI program shall determine whether the participant is under the influence of drugs or alcohol by either: requiring the participant to submit to testing with a chemical device designed to determine if an individual is under the influence or if two or more staff members documenting the behavior in the participant's program record. Title 9 Section 9874 (c) (2).

If the DUI program determines that the participant is under the influence of drugs or alcohol, the DUI program shall advise the participant that he/she may obtain a drug test at his/her own expense in order to refute the determination of being under the influence of drugs. Title 9 Section 9874 (e) (1). If the participant chooses to obtain a drug screening, it must be conducted by a clinical laboratory licensed by the Department of Health Services and must be conducted within 24 hours of the DUI program determination that participant was under the influence.

A participant directed to leave the facility with the determination that he/she is under the influence of alcohol or other drugs shall be counseled to arrange for transportation to the participant's place of residence at the participant's expense. Law enforcement will be called if a participant chooses to drive.

EXTENSION

Should the participant's attendance necessitate requesting an extension of time for date to return to court with a Notification of Completion (DL101), the participant shall be responsible for obtaining the extension from the sentencing court.

TERMINATION FOR PROGRAM NON-COMPLIANCE

A participant shall be terminated and referred back to the sentencing Court/Probation for the following reasons:

- Fails to participate in required program activities within 21 days of transfer to another Driving Under Influence Program licensed by the Department;
- Fails to maintain program sobriety;
- Fails to comply with Driving-Under-the-Influence program rules;
- Fails to obtain a leave of absence, in accordance with Section 9876.5, when the participant is unable to attend any scheduled program services for 21 days or longer;
- Exceeds the number of allowed absences without a leave of absence approved in accordance with Section 9876.5;
- Is physically or verbally abusive or acts in a threatening manner to program staff or other program participants;
- Fails to resume attending program activities within 21 days of scheduled return from LOA.

Participant Initials_____

A participant may be terminated and referred back to sentencing Court/Probation for the following reason:

- Fails to pay his/her program fees assessed in accordance with the requirement of Section 9879;

Any overpayment of fees shall be refunded to the participant within 90 days of the date of dismissal.

TRANSFERS

A participant who transfers **out** to another State licensed DUI Program shall be assessed a transfer out fee of \$75. This requires that the participant enroll within 21 days of the transfer request and no exceptions will be made for failure to enroll within 21 days. All current/outstanding fees must be paid in full before the Program will complete the transfer request. Any overpayment of fees shall be refunded to the participant.

A participant who transfers **into** the Program from another State licensed DUI Program shall be assessed a transfer in fee of \$75 (plus the \$50 county monitoring fee if from out of county).

FEES FOR SERVICES

The program fee for the AB762 6 Month First Offender Program is \$1582. If your income qualifies for the General Assistance Grant level in Ventura County of TBD monthly, all Program services will be provided for \$5.00 per month, plus any additional fees incurred by the participant. If your monthly family income is \$1,848.06 or less you are eligible for an extended payment schedule. You have the right to request a financial assessment in order to determine eligibility for the extended payment schedule or the General Assistance Grant level fee of \$5.00 per month.

☐ I am requesting a financial assessment

☐ I am NOT requesting a financial assessment

The DUI program may withhold the participant's Notice of Completion certificate until the assessed program fee, and any additional fees assessed have been paid in full. Title 9 Section 9878 (i)

REINSTATEMENT

Any participant terminated from this program may reinstate a sentencing Court/Probation order. A reinstatement interview must be scheduled and a \$75 fee will be assessed for each reinstatement. **Any fees owed at termination must be paid, as well as the reinstatement fees, before reinstatement is completed**

GRIEVANCE

If a participant believes service has been denied based on race, color, religion, sex, place of origin, heritage or mental or physical handicap, or if the participant has complaints about policies, procedures, facilities, or the conduct of staff, notification of these grievances may be addressed to the Program Director of this Program; Ventura County Behavioral Health 1-888-567-2122; or the State of California Department of Health Care Services at (916) 322-2964.

Participant Initials _____

REFUNDS

If a participant is transferred or terminated from the DUI program, a calculation of fees paid will be completed. The DUI program shall refund to the participant any program fee paid in advance for services the participant did not receive. Refunds to participants who have been dismissed from the program shall be issued within ninety days from the date of dismissal.

ADDITIONAL INFORMATION:

- Upon successful completion of this State licensed DUI Program, including payment of all Program fees, this program will issue a Notification of Completion form (DL101).
- I understand that regardless of my DMV or Court outcome, I am financially responsible for services rendered and that fees will not be refunded to me
- I understand that in the event that I enroll in the Program before my court date, it will be my responsibility to provide the program with the court referral papers as soon as I go to court. The court will not be notified of enrollment or any other action until the Program receives my court referral papers.
- I understand that this contract may be amended at a later date to include additional county requirements, when approved by the State of California Department of Health Care Services, in accordance with Title 9, Chapter 3, Division 4 and Ventura County Behavioral Health.
- I declare that to my knowledge, the DUI Program in which I am presently enrolling is the program required by my Court and/or DMV case, and that my enrollment is based solely on the information I have provided to the DUI agency which shall bear no responsibility if that information is incorrect. I declare that there are no other criminal or administrative matters pending against me that would require that I take another program. Therefore, should I complete this present Program and receive a Certificate of Completion and/or DL 101, it is my responsibility to notify the DUI Program if I am sentenced to another Program based on this violation.
- I understand I will not receive financial or activity credit for services rendered should I return to the DUI Program 24 months or longer from the date of my Program dismissal. I also acknowledge that this Program is only required to maintain my file 48 months from the date of transfer to another DUI program; date of dismissal from the program; or date of issuance of a Notice of Completion Certificate.

LOCATION OF SERVICES:

**Alcohol Education & Recovery Services Oxnard
309 S A St.
Oxnard CA 93030**

Participant Initials_____

SCHEDULE OF SERVICES

Your **group session** assignment is _____ (Day) beginning _____ (Date) at _____ (Time).

Your **education session** assignment is _____ (Day) beginning _____ (Date) at _____ (Time).

Your **interviews** will be on _____ (Date) at _____ (Time).

Your **exit interview** will be held on _____ (Date) at _____ (Time).

I have read and understand the rules and requirements as set forth. I also understand this contract may be amended at a later date to include additional program requirements that have been approved by Ventura County Behavioral Health.

This contract has been explained to me and I have received a copy for my records.

I understand that being under the influence of alcohol or drugs, or both, impairs my ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I continue to drive while under the influence of alcohol or drugs, or both, and as a result of my driving, someone is killed, I can be charged with murder.

Participant Name

Participant Signature

Date

Counselor Signature

Date

Attached to this contract is the Fee/Schedule Payment Agreement

FEE BREAKDOWN & FEE PAYMENT AGREEMENT

By signing this agreement, I agree to pay the total Program fee. I understand that I will be terminated from this DUI Program for failure to pay the program fee.

I also understand that a financial assessment will be conducted:

1. Upon my request;
2. Monthly if I qualify for the General Assistant Benefit Level.

Program Activities	Number Required	Unit Cost	Total
Intake/Assessment	1	\$155	\$155
Group	20(1.5 Hours)	\$40	\$800
Education	6(2 Hours)	\$35	\$210
Interviews	14(.25 Hours)	\$25	\$350
County Monitoring Fee	1	\$50	\$50
State Monitoring Fee	1	\$17	\$17
Total	45.5		<u>\$1582</u>

Additional Program Fees

Duplicate DL101/Research	\$25
Transfer Out(In County/Out of County)	\$75
Transfer Out Fee if on General Assistance Benefit Level	\$5
Returned check	\$40
Missed Activity Fee	\$45
Rescheduling Fee	\$45
Rescheduling Fee (for Missed Activity) General Assistance Benefit Level	\$5
Leave of Absence Processing Fee	\$45
Reinstatement	\$75
Reinstate if on General Assistance Benefit Level	\$10
Transfer-In Fee (In County/Out of County)	\$75

PAYMENT SCHEDULE	
TOTAL PROGRAM FEE	\$1582
Down-payment	\$ 250
BALANCE DUE	\$1332
Weekly, Bi-Weekly, Monthly Payment Amount (Circle One)	\$60
Payment 1 of <u>\$60</u> payments is due by _____ with a final payment due on <u>TBD</u> .	
Signature of Participant	Date
Signature/Title of Program Representative	Date

**CONTRATO SOBRE EL PROGRAMA DE PRIMERA OFENSA POR MANEJAR BAJO LA INFLUENCIA 6 MES
(45.5 Horas)**

Este contrato se realiza a partir de la fecha aquí establecida entre las partes **Alcohol Education and Recovery Services Oxnard** de aquí en adelante denominado como el "PROGRAMA," Y _____ de aquí en adelante denominado como "PARTICIPANTE."

DEBE ENTENDERSE QUE ESTAS REGLAS Y REGLAMENTOS QUE RIGEN ESTE CONTRATO SON ESTABLECIDAS POR VENTURA COUNTY BEHAVIORAL HEALTH Y POR EL DEPARTAMENTO DE SERVICIOS DE SALUD DEL ESTADO DE CALIFORNIA. LA FUNCIÓN DEL "PROGRAMA" ES DE ASEGURAR QUE CADA PARTICIPANTE SE ADHIERA A LOS REQUISITOS COMO ESTÁN PUBLICADOS. EL O LA PARTICIPANTE ESTÁ DE ACUERDO EN CUMPLIR CON DICHAS REGLAS.

REQUISITOS DEL PROGRAMA

- Admisión/Evaluación
- 12 Horas de Educación sobre Alcohol/Drogas: (6 sesiones; 2 horas de duración cada una)
- 30 Horas de Interacción Grupal: (20 ses.grup. sem.: 1.5 horas de duración cada una)
- Entrevista inicial individual cara a cara de 15 min.
- 12 entrevistas cara a cara (15 min)
- Entrevista de salida individual de 15 min.

REGLAS DEL PROGRAMA/RESPONSABILIDAD DE LOS PARTICIPANTES

- Asistencia:
Se requiere que los Participantes asistan a todas las actividades designadas del programa y lleguen a tiempo para asegurar que se registren antes de iniciar la actividad programada. No se permitirá a los participantes que lleguen tarde a la actividad programada y se les cobrará una cuota de \$45 por la actividad desaprovechada.
- Ausencias:
No se permitirá a los participantes del Programa de Primera Ofensa 6 Mes más de cinco (7) ausencias en total por periodo de inscripción. Serán terminados del programa a los participantes que estén ausentes más de 7 veces. No contará como una ausencia si vuelve a programar una actividad 24 horas o más antes de la actividad. Se impondrá una cuota de \$45 a los participantes para volver a programar.
- Compensación por No Haber Asistido:
Se requiere que los Participantes compensen todas las ausencias antes de recibir un Aviso de Conclusión (Formulario DL101 del Departamento de Tránsito). Las sesiones para compensar la ausencia deben reflejar el tipo de sesión a la que él o la participante no asistieron y no se puede utilizar de tal manera que acelere el programa. Se impondrá una cuota de \$45 a todas las actividades que no asistió
- Permiso de Ausencia:
Los Participantes pueden solicitar un permiso de ausencia cuando no puedan asistir a cualquiera de los programas de la actividad prevista. Un permiso de ausencia se solicita presentando una solicitud por escrito al Programa y proporcionando documentación adecuada que corrobore la necesidad para el permiso de ausencia. Una cuota de procesamiento de \$45 será evaluada por cada ausencia solicitada. El permiso de ausencia puede ser concedido solamente por alguno de los motivos a continuación:
 - Responsabilidad militar que requiera una ausencia prolongada
 - Responsabilidad de trabajo que requiera viaje prolongado.
 - Enfermedad prolongada o tratamiento médico de participantes o de familiares cercanos
 - Encarcelamiento o participación en un programa residencial de tratamiento o recuperación por abuso de alcohol o drogas.

Iniciales del/de la Participante_____

- Extrema adversidad personal o emergencia familiar (sin incluir apuros financieros)
- Vacaciones planeadas con anticipación (sólo si se han compensado todas las actividades que no asistió y no hay morosidad de pago de cuotas).
- El tiempo desaprovechado durante un permiso de ausencia no será computado como tiempo de participación.
- Normas de Vestir:
Se requiere vestimenta apropiada de acuerdo a las políticas del Programa. La falta de cumplir con las normas de vestir resultará en despido de la actividad programada y se verá en la necesidad de compensar la actividad a la que no asistió por un costo de \$45 a los participantes.
- Sobriedad/Abstinencia en el Programa
Todos los participantes del Programa deben cumplir con los reglamentos de sobriedad del Programa como se define en la Subsección 9874 del Título 9 del Código de Reglamentos de California.
El programa de Manejar Bajo la Influencia (DUI por sus siglas en inglés) determinará si el participante está bajo la influencia de drogas o alcohol al: requerir que el participante se someta a una prueba con un dispositivo químico diseñado para determinar si un individuo está bajo la influencia, o si dos o más miembros del personal documentan el comportamiento en el registro del participante del programa. Título 9 Sección 9874 (c) (2).
Si el programa de Manejar Bajo la Influencia (DUI por sus siglas en inglés) determina que el participante está bajo la influencia de las drogas o el alcohol, el programa DUI sugerirá al participante que él/ella podría obtener un examen de drogas por su propia cuenta para refutar la determinación de estar bajo la influencia de las drogas. Título 9, Sección 9874 (e)(1). Si el participante escoge obtener una evaluación de drogas, tiene que llevarse a cabo por un laboratorio clínico autorizado por el Departamento de Servicios de Salud dentro de las 24 horas siguientes de la determinación del programa DUI de que el participante estaba bajo la influencia de las drogas.
Cualquier participante con instrucciones de retirarse de las instalaciones después de determinar que él/ella se encuentra bajo la influencia de alcohol u otras drogas será aconsejada para hacer arreglos de transportación por su propia cuenta al lugar de residencia del/de la participante. Se llamará a la autoridad policial si algún participante opta por manejar en esas condiciones.

EXTENSIÓN

Dado el caso que los participantes que asisten al programa necesiten solicitar una extensión de tiempo para postergar a una fecha futura un Aviso de Conclusión (DL101) a la corte, los participantes tendrán la responsabilidad de obtener la extensión de la corte que dictó la sentencia.

TERMINACIÓN POR FALTA DE CUMPLIMIENTO CON EL PROGRAMA

Se dará terminación del programa a los participantes y serán recomendados otra vez a la Corte que dictó la sentencia o al Departamento de Probatoria por los siguientes motivos:

- Incumplimiento en participar en las actividades requeridas del programa dentro de 21 días de haberse transferido a otro Programa por Manejar Bajo la Influencia autorizado por el Departamento;
- Incumplimiento en mantener sobriedad en el programa;
- Incumplimiento en seguir las reglas del Programa por Manejar Bajo la Influencia;
- Falla en obtener un permiso de ausencia, según la Sección 9876.5, cuando él o la participante no puede asistir a los servicios programados del programa durante 21 días o más;
- Sobrepasa el número de ausencias permitidas sin un permiso de ausencia aprobado, según la Sección 9876.5;
- Abusa física o verbalmente o actúa de manera amenazante con el personal del Programa o con otros participantes del programa;
- Incumplimiento en reanudar su asistencia a las actividades del programa dentro de los 21 días de la reanudación programada del LOA.

Los participantes pueden ser terminados y ser referidos nuevamente a la Corte que dictó la sentencia y/o al Departamento de Probatoria por el siguiente motivo:

- No cumple con el pago de las cuotas evaluadas de su programa de conformidad con los requisitos de la Sección 9879;

Iniciales del/de la Participante _____

Cualquier pago excesivo de honorarios será devuelto al participante dentro de los 90 días de la fecha de salida.

TRANSFERENCIAS

Los participantes que se trasladan **fuera** a otro programa Estatal autorizado de DUI, se les impondrá una cuota de admisión de transferencia de \$75. Esto requiere que los participantes se inscriban dentro de los 21 días a partir de la solicitud de transferencia y no se harán excepciones por el incumplimiento de inscripción dentro de los 21 días. Todas las cuotas actuales/pendientes deberán pagarse en su totalidad antes que el Programa complete la solicitud de transferencia. Cualquier pago excesivo de honorarios deberá ser devuelto al participante.

Los participantes que se transfieran **al** Programa de otro programa Estatal autorizado de DUI, se le impondrá una cuota de admisión de transferencia de \$75 (Agregue la tarifa del condado de \$50).

CUOTAS POR SERVICIOS

La cuota del programa para el Programa de Primera Ofensa Seis Meses es **\$1582**. Si sus ingresos califican para el nivel de Concesión General de Asistencia en el Condado de Ventura Behavioral Health, todos los servicios del Programa serán ofrecidos por **\$5.00** al mes, más cualquier cuota adicional incurrida por los participantes. Si su ingreso familiar mensual es de **\$1,848.06** o menos, usted es elegible para un programa extendido de pago. Usted tiene derecho a solicitar una evaluación financiera a fin de determinar elegibilidad para el programa extendido de pago o la cuota del Programa de Asistencia General de **\$5.00** por mes.

☐ Estoy solicitando una evaluación financiera

☐ NO estoy solicitando una evaluación financiera

El programa DUI podrá retener el Certificado de Aviso de Conclusión del participante hasta que la tarifa evaluada del programa y los cargos evaluados adicionales se han pagado en su totalidad. Título 9 Sección 9878 (i).

REINCORPORACIÓN

Cualquier participante que se termine de este programa puede reincorporarse mediante una orden de sentencia de la Corte/Probatoria. Se debe programar una entrevista de reingreso y se cobrará una cuota de \$75 por cada reingreso. **Toda cuota deudora al momento de terminación debe ser pagada, como también las cuotas de reingreso, antes de que se dé por completado el reingreso**

QUEJAS

Si algún participante cree que se le ha negado servicio a causa de su raza, color, religión, sexo, lugar de origen, patrimonio cultural o discapacidad física o mental, o si él o la participante tiene quejas sobre las políticas, los procedimientos, las instalaciones o el comportamiento del personal, la notificación de estas quejas se pueden dirigir al Director del Programa del presente programa o al Condado de Ventura Behavioral Health 1-888-567-2122, o al Departamento de Servicios de Salud del Estado de California al (916) 322-2964.

REEMBOLSOS

Si un participante es transferido o terminado del programa de DUI, se completará un cálculo de los honorarios pagados. El programa de DUI reembolsará al participante cualquier tarifa del programa pagada por adelantado por servicios que el participante no recibió. Los reembolsos a los participantes que hayan sido terminados del programa serán emitidos dentro de los noventa días a partir de la fecha del salida.

INFORMACIÓN ADICIONAL:

- Al completar exitosamente este Programa de DUI autorizado por el Estado, inclusive el pago de todas las cuotas del Programa, este programa emitirá un formulario (DL101) de Aviso de Conclusión.

Iniciales del/de la Participante_____

- Entiendo que, a pesar de mi resultado con el DMV o la Corte, soy responsable financieramente por los servicios prestados y que las cuotas no me serán devueltas
- Entiendo que, dado el caso me inscriba en el Programa antes de mi fecha de comparecencia en corte, será mi responsabilidad entregar al programa los documentos de referencia de la corte tan pronto vaya yo a corte. La corte no recibirá notificación de inscripción ni de otra acción hasta que el Programa reciba mis documentos de referencia de la corte.
- Entiendo que el presente contrato pudiera ser enmendado en una fecha futura para incluir requisitos adicionales del condado, cuando sea aprobado por el Departamento de Servicios de Salud del Estado de California, en conformidad con el Título 9, Capítulo 3, División 4 y el Condado de Ventura Behavioral Health.
- Yo declaro que a mi conocimiento, el programa DUI (por sus siglas en inglés) en el cual me estoy inscribiendo ahora es el programa requerido por mi caso del Tribunal y/o DMV (por sus siglas en inglés) y que mi inscripción está basada únicamente en la información que he proporcionado a la agencia DUI la cual no deberá tener ninguna responsabilidad si esa información está incorrecta. Yo declaro que no hay otros casos penales o administrativos pendientes en mi contra que pudieran requerir que yo asista a otro programa. De manera que, si yo completase el presente Programa y recibiese un Certificado de Conclusión y/o DL 101, es mi responsabilidad de notificar al Programa de DUI si estoy sentenciado a otro Programa de DUI en base a esta violación.
- Yo entiendo que no recibiré crédito financiero ni crédito de actividad por los servicios prestados si regreso yo al Programa DUI 24 meses o más a partir de la fecha de mi salida del Programa. También reconozco que a este programa sólo le exigen mantener mi expediente por 48 meses a partir de la fecha de admisión de transferencia de otro programa DUI; fecha de salida del programa; o fecha de emisión de un Certificado de Aviso de Conclusión.

UBICACIÓN DE LOS SERVICIOS:

**Alcohol Education & Recovery Services Oxnard
309 S A St.
Oxnard 93030**

Su asignación de **sesión en grupo** es _____ (Día) comenzando _____ (Fecha) a las _____ (Hora).

Su asignación de **sesión de educación** es _____ (Día) comenzando _____ (Fecha) a las _____ (Hora).

Sus **entrevistas** será en _____ (Fecha) a las _____ (Hora).

Su **entrevista de egreso** se efectuará el _____ (Fecha) a las _____ (Hora).

He leído y entendido las reglas y requisitos como están publicados aquí. También entiendo que este contrato puede ser enmendado en una fecha futura para incluir requisitos adicionales al Programa que hayan sido aprobados por el Condado de Ventura Behavioral Health.

WATSON ADVISEMENT

Este contrato se me ha explicado y he recibido una copia para mi expediente personal.

Entiendo que encontrarse bajo los efectos del alcohol o las drogas o ambos, daña mi habilidad para conducir un vehículo motorizado de manera segura. Por lo tanto, es extremadamente peligroso para la vida humana manejar bajo los efectos del alcohol o drogas o ambos. Si continúo manejando bajo los efectos del alcohol o las drogas o ambos, y como consecuencia de ello, alguien muere, yo podría ser acusado de homicidio.

Nombre del/de la Participante

Firma del/de la Participante

Fecha

Firma del Consejero

Fecha

Se ha anexado al presente contrato el Acuerdo Programado de Cuotas

DESGLOSE DE CUOTAS Y ACUERDO DE PAGO DE CUOTAS

Al firmar este contrato, estoy de acuerdo a pagar la cuota total del Programa. Entiendo que se me terminará de este Programa DUI al no cumplir con el pago de las cuotas del programa.

También entiendo que se realizará una evaluación financiera:

1. A solicitud mía;
2. Mensualmente si yo califico para el Nivel de Beneficio para Asistencia General.

Program Activities	Number Required	Unit Cost	Total
Admisión/Evaluación	1	\$155	\$155
Grupo	20(1.5 Horas)	\$40	\$800
Educación	6(2 Horas)	\$35	\$210
Entrevistas	14(.25 Horas)	\$25	350
Tarifa del condado	1	\$50	\$50
Tarifa de monitoreo estatal	1	\$17	\$17
Total			<u>\$1582</u>

Additional Program Fees

Tarifa DL101 duplicada	\$25
Tarifa de transferencia (dentro del condado/fuera del condado(afuera)	\$75
Cargo por transferencia externa si se encuentra en el nivel de beneficio de asistencia general	\$5
Cheque devuelto	\$40
Tarifa de actividad perdida	\$45
Tarifa de reprogramación	\$45
Tarifa de reprogramación (o actividad perdida) Nivel de beneficio de asistencia general	\$5
Tarifa de procesamiento de licencia de ausencia	\$45
Reinstalación	\$75
Restablecer si está en el nivel de beneficio de asistencia general	\$10
Tarifa de transferencia (dentro del condado/fuera del condado)(en)	\$75

PAYMENT SCHEDULE	
CUOTA TOTAL DEL PROGRAMA	\$ 1582
Enganche	\$ 250
SALDO DEUDOR	\$ 1332
Pago Seminal	\$60
Pago 1 of <u> \$60 </u> los pagos vencen el <u> </u> y el pago final vence el <u> </u> .	
Firma de Participante	Fecha
Firma de Representación del programa	Fecha

AB1353 9 Month Summary Page Proposal

Activity	U	Component	Cost	Time	Total Cost	Proposed	Old
Intake/Assessment	1	Intake/Assessment	\$155		\$155		
Initial Face to Face Interview	1	1 Interview @\$25	\$25	0.25	\$25		
County Monitoring Fee	1		\$50		\$50		
State Monitoring Fee	1		\$17		\$17		
Total Initial Program Fee						\$247	
Face To Face Interviews	15	15 Face to Face Interviews @\$25	\$25	3.75	\$375		
Education Sessions	6	6 Sessions 2.0 @ \$35 per session	\$35	12	\$210		
Group Counseling Sessions	30	30 Sessions 1.5 @ \$40 per session	\$40	45	\$1200		
Exit Interview	1	1 Face to Face Exit Interview @ \$25	\$25	0.25	\$25		
Total Component Fee						\$1810	
Total Program Services		(Intake & Assessment) (.25 Initial Int) (12 Ed) (45 GRP) (3.75 hr Int) (.25 Exit Interview)		61.25		\$2057	\$2488
Total Proj. Income	1					\$2057	\$2488
Reduction						\$431	17.3%

AB 1353 9 Month Program (39 Weeks)

Activity	Week	Component	Component Cost	Time	Total Cost	Monitoring Fees
Intake/Assessment/Int	1	(I&A)(.25)	(\$155)+(\$25)	0.25	\$180	\$67
ED	2	2	\$35	2	\$35	
ED	3	2	\$35	2	\$35	
ED	4	2	\$35	2	\$35	
ED	5	2	\$35	2	\$35	
ED	6	2	\$35	2	\$35	
ED	7	2	\$35	2	\$35	
I	8	0.25	\$25	0.25	\$25	
GRP	9	1.5	\$40	1.5	\$40	
GRP/I	10	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	11	1.5	\$40	1.5	\$40	
GRP/I	12	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	13	1.5	\$40	1.5	\$40	
GRP/I	14	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	15	1.5	\$40	1.5	\$40	
GRP/I	16	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	17	1.5	\$40	1.5	\$40	
GRP/I	18	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	19	1.5	\$40	1.5	\$40	
GRP/I	20	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	21	1.5	\$40	1.5	\$40	
GRP/I	22	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	23	1.5	\$40	1.5	\$40	
GRP/I	24	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	25	1.5	\$40	1.5	\$40	
GRP/I	26	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	27	1.5	\$40	1.5	\$40	
GRP/I	28	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	29	1.5	\$40	1.5	\$40	
GRP/I	30	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	31	1.5	\$40	1.5	\$40	
GRP/I	32	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	33	1.5	\$40	1.5	\$40	
GRP/I	34	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	35	1.5	\$40	1.5	\$40	
GRP/I	36	(1.5)(.25)	(\$40)(\$25)	1.75	\$65	
GRP	37	1.5	\$40	1.5	\$40	
GRP	38	1.5	\$40	1.5	\$40	
Exit Interview	39	0.25	\$25.00	0.25	\$25	Total With Fees
		(Intake & Assessment) (.25 Initial Int) (12 Ed) (45 GRP) (3.75 hr Int)(.25 Exit Interview)		61.25	\$1990	\$2057

FIRST OFFENDER 9 MONTH(AB1353) DUI PROGRAM CONTRACT
(61.25 Hours)

This contract is entered into as of the date set forth herein by and between **Alcohol Education & Recovery Services Oxnard**, hereinafter referred to as "PROGRAM," AND _____ hereinafter referred to as "PARTICIPANT."

IT SHOULD BE UNDERSTOOD THAT THESE RULES AND REGULATIONS GOVERNING THIS CONTRACT ARE SET FORTH BY VENTURA COUNTY BEHAVIORAL HEALTH, AND BY THE STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES. "PROGRAM'S" ROLE IS TO ASSURE THAT EACH PARTICIPANT ADHERES TO THE REQUIREMENTS AS SET FORTH. THE PARTICIPANT AGREES TO ABIDE BY SAID RULES.

PROGRAM REQUIREMENTS

- Intake/Assessment
- 12 Hours of Alcohol/Drug Education: (6 sessions; 2 hours duration each)
- 45 Hours of Group Interaction: (30 weekly group session:1.5 hr. duration each)
- 15 min Individual Initial Face to Face Interview
- 15 15 min Individual Interviews
- 15 min Individual Exit Interview

PROGRAM RULES/PARTICIPANT RESPONSIBILITY

- Attendance:
The Participant is required to attend all assigned program activities and arrive timely to ensure signing in prior to the beginning of the scheduled activity. Late participants will not be permitted to attend the scheduled activity and will be assessed a \$45 missed activity fee.
- Absences:
A participant in a First Offender 9 Month(AB1353) Program shall not be allowed more than five (7) total absences per period of enrollment. A participant who is absent more than 7 times will be terminated from the program. Rescheduling an activity 24 hours or more before the activity will not count as an absence. A rescheduling fee of \$45 will be assessed to the participant.
- Make Ups:
Participants are required to make up all absences before receiving a Notice of Completion (Department of Motor Vehicles Form DL101). Make-up sessions must reflect the type of session that the participant missed, and may not be utilized in such a way that accelerates the program. A \$45 fee is assessed for all missed activities.
- Leave of Absence:
Participant may request a leave of absence whenever he/she is unable to attend any scheduled program activities. A leave of absence is requested by submitting a written request to the Program and providing proper documentation that substantiates the need for the leave of absence. A \$45 leave of absence processing fee will be assessed for each leave of absence requested. A leave of absence may be granted for the following reasons only:
 - Military responsibilities requiring an extended absence
 - Work responsibilities requiring travel for an extended period of time.
 - Extended illness or medical treatment of participant or family member
 - Incarceration or participating in a residential alcohol or drug abuse recovery or treatment program.

Participant Initials_____

- Extreme personal hardship or family emergency (not including financial hardship)
 - Pre-planned vacation (only if all missed activities are made up and fees are not delinquent).
 - Time missed while on a leave of absence shall not be counted as participation time.
- **Dress Code:**
Appropriate dress is required in accordance with Program policy. Failure to meet the dress code will result in dismissal from the scheduled activity and the need to make-up the missed activity at a cost of \$45 to the participant.
 - **Program Sobriety/Abstinence**
All Program participants must comply with the Program sobriety regulations as defined in Subsection 9874 of Title 9 of the California Code of Regulations.

The DUI program shall determine whether the participant is under the influence of drugs or alcohol by either: requiring the participant to submit to testing with a chemical device designed to determine if an individual is under the influence or if two or more staff members documenting the behavior in the participant's program record. Title 9 Section 9874 (c) (2).

If the DUI program determines that the participant is under the influence of drugs or alcohol, the DUI program shall advise the participant that he/she may obtain a drug test at his/her own expense in order to refute the determination of being under the influence of drugs. Title 9 Section 9874 (e) (1). If the participant chooses to obtain a drug screening, it must be conducted by a clinical laboratory licensed by the Department of Health Services and must be conducted within 24 hours of the DUI program determination that participant was under the influence.

A participant directed to leave the facility with the determination that he/she is under the influence of alcohol or other drugs shall be counseled to arrange for transportation to the participant's place of residence at the participant's expense. Law enforcement will be called if a participant chooses to drive.

EXTENSION

Should the participant's attendance necessitate requesting an extension of time for date to return to court with a Notification of Completion (DL101), the participant shall be responsible for obtaining the extension from the sentencing court.

TERMINATION FOR PROGRAM NON-COMPLIANCE

A participant shall be terminated and referred back to the sentencing Court/Probation for the following reasons:

- Fails to participate in required program activities within 21 days of transfer to another Driving Under Influence Program licensed by the Department;
- Fails to maintain program sobriety;
- Fails to comply with Driving-Under-the-Influence program rules;
- Fails to obtain a leave of absence, in accordance with Section 9876.5, when the participant is unable to attend any scheduled program services for 21 days or longer;
- Exceeds the number of allowed absences without a leave of absence approved in accordance with Section 9876.5;
- Is physically or verbally abusive or acts in a threatening manner to program staff or other program participants;
- Fails to resume attending program activities within 21 days of scheduled return from LOA.

Participant Initials_____

A participant may be terminated and referred back to sentencing Court/Probation for the following reason:

- Fails to pay his/her program fees assessed in accordance with the requirement of Section 9879;

Any overpayment of fees shall be refunded to the participant within 90 days of the date of dismissal.

TRANSFERS

A participant who transfers **out** to another State licensed DUI Program shall be assessed a transfer out fee of \$75. This requires that the participant enroll within 21 days of the transfer request and no exceptions will be made for failure to enroll within 21 days. All current/outstanding fees must be paid in full before the Program will complete the transfer request. Any overpayment of fees shall be refunded to the participant.

A participant who transfers **into** the Program from another State licensed DUI Program shall be assessed a transfer in fee of \$75 (plus the \$50 county monitoring fee if from out of county).

FEES FOR SERVICES

The program fee for the First Offender 9 Month (AB1353) Program is \$2057. If your income qualifies for the General Assistance Grant level in Ventura County of TBD monthly, all Program services will be provided for \$5.00 per month, plus any additional fees incurred by the participant. If your monthly family income is \$1,848.06 or less you are eligible for an extended payment schedule. You have the right to request a financial assessment in order to determine eligibility for the extended payment schedule or the General Assistance Grant level fee of \$5.00 per month.

☐ I am requesting a financial assessment

☐ I am NOT requesting a financial assessment

The DUI program may withhold the participant's Notice of Completion certificate until the assessed program fee, and any additional fees assessed have been paid in full. Title 9 Section 9878 (i)

REINSTATEMENT

Any participant terminated from this program may reinstate a sentencing Court/Probation order. A reinstatement interview must be scheduled and a \$75 fee will be assessed for each reinstatement. **Any fees owed at termination must be paid, as well as the reinstatement fees, before reinstatement is completed**

GRIEVANCE

If a participant believes service has been denied based on race, color, religion, sex, place of origin, heritage or mental or physical handicap, or if the participant has complaints about policies, procedures, facilities, or the conduct of staff, notification of these grievances may be addressed to the Program Director of this Program; Ventura County Behavioral Health 1-888-567-2122; or the State of California Department of Health Care Services at (916) 322-2964.

Participant Initials _____

REFUNDS

If a participant is transferred or terminated from the DUI program, a calculation of fees paid will be completed. The DUI program shall refund to the participant any program fee paid in advance for services the participant did not receive. Refunds to participants who have been dismissed from the program shall be issued within ninety days from the date of dismissal.

ADDITIONAL INFORMATION:

- Upon successful completion of this State licensed DUI Program, including payment of all Program fees, this program will issue a Notification of Completion form (DL101).
- I understand that regardless of my DMV or Court outcome, I am financially responsible for services rendered and that fees will not be refunded to me
- I understand that in the event that I enroll in the Program before my court date, it will be my responsibility to provide the program with the court referral papers as soon as I go to court. The court will not be notified of enrollment or any other action until the Program receives my court referral papers.
- I understand that this contract may be amended at a later date to include additional county requirements, when approved by the State of California Department of Health Care Services, in accordance with Title 9, Chapter 3, Division 4 and Ventura County Behavioral Health.
- I declare that to my knowledge, the DUI Program in which I am presently enrolling is the program required by my Court and/or DMV case, and that my enrollment is based solely on the information I have provided to the DUI agency which shall bear no responsibility if that information is incorrect. I declare that there are no other criminal or administrative matters pending against me that would require that I take another program. Therefore, should I complete this present Program and receive a Certificate of Completion and/or DL 101, it is my responsibility to notify the DUI Program if I am sentenced to another Program based on this violation.
- I understand I will not receive financial or activity credit for services rendered should I return to the DUI Program 24 months or longer from the date of my Program dismissal. I also acknowledge that this Program is only required to maintain my file 48 months from the date of transfer to another DUI program; date of dismissal from the program; or date of issuance of a Notice of Completion Certificate.

LOCATION OF SERVICES:

**Alcohol Education & Recovery Services Oxnard
309 S A St.
Oxnard 93030**

Participant Initials_____

Alcohol Education & Recovery Services Oxnard
SCHEDULE OF SERVICES

Your **group session** assignment is _____ (Day) beginning _____ (Date) at _____ (Time).

Your **education session** assignment is _____ (Day) beginning _____ (Date) at _____ (Time).

Your **interviews** will be on _____ (Date) at _____ (Time).

Your **exit interview** will be held on _____ (Date) at _____ (Time).

I have read and understand the rules and requirements as set forth. I also understand this contract may be amended at a later date to include additional program requirements that have been approved by Ventura County Behavioral Health.

This contract has been explained to me and I have received a copy for my records.

I understand that being under the influence of alcohol or drugs, or both, impairs my ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I continue to drive while under the influence of alcohol or drugs, or both, and as a result of my driving, someone is killed, I can be charged with murder.

Participant Name

Participant Signature

Date

Counselor Signature

Date

Attached to this contract is the Fee/Schedule Payment Agreement

FEE BREAKDOWN & FEE PAYMENT AGREEMENT

By signing this agreement, I agree to pay the total Program fee. I understand that I will be terminated from this DUI Program for failure to pay the program fee.

I also understand that a financial assessment will be conducted:

1. Upon my request;
2. Monthly if I qualify for the General Assistant Benefit Level.

Program Activities	Number Required	Unit Cost	Total
Intake/Assessment	1	\$155	\$155
Group	30(1.5 Hours)	\$40	\$1200
Education	6(2 Hours)	\$35	\$210
Interviews	17(.25)	\$25	\$425
County Monitoring Fee	1	\$50	\$50
State Monitoring Fee	1	\$17	\$17
Total			<u>\$2057</u>

Additional Program Fees

Duplicate DL101/Research	\$25
Transfer Out(In County/Out of County)	\$75
Transfer Out Fee if on General Assistance Benefit Level	\$5
Returned check	\$40
Missed Activity Fee	\$45
Rescheduling Fee	\$45
Rescheduling Fee (for Missed Activity) General Assistance Benefit Level	\$5
Leave of Absence Processing Fee	\$45
Reinstatement	\$75
Reinstate if on General Assistance Benefit Level	\$10
Transfer-In Fee (In County/Out of County)	\$75

PAYMENT SCHEDULE	
TOTAL PROGRAM FEE	\$ 2057
Down-payment	\$ 250
BALANCE DUE	\$ 1807
Weekly, Bi-Weekly, Monthly Payment Amount (Circle One)	\$
Payment 1 of <u>\$60</u> payments is due by _____ with a final payment due on <u>TBD</u> .	
Signature of Participant	Date
Signature/Title of Program Representative	Date

**CONTRATO SOBRE EL PROGRAMA DE PRIMERA OFENSA POR MANEJAR BAJO LA INFLUENCIA 9 MES
(61.25 Horas)**

Este contrato se realiza a partir de la fecha aquí establecida entre las partes **Alcohol Education and Recovery Services Oxnard** de aquí en adelante denominado como el "PROGRAMA," Y _____ de aquí en adelante denominado como "PARTICIPANTE."

DEBE ENTENDERSE QUE ESTAS REGLAS Y REGLAMENTOS QUE RIGEN ESTE CONTRATO SON ESTABLECIDAS POR VENTURA COUNTY BEHAVIORAL HEALTH Y POR EL DEPARTAMENTO DE SERVICIOS DE SALUD DEL ESTADO DE CALIFORNIA. LA FUNCIÓN DEL "PROGRAMA" ES DE ASEGURAR QUE CADA PARTICIPANTE SE ADHIERA A LOS REQUISITOS COMO ESTÁN PUBLICADOS. EL O LA PARTICIPANTE ESTÁ DE ACUERDO EN CUMPLIR CON DICHAS REGLAS.

REQUISITOS DEL PROGRAMA

- Admisión/Evaluación
- 12 Horas de Educación sobre Alcohol/Drogas: (6 sesiones; 2 horas de duración cada una)
- 45 Horas de Interacción Grupal: (30 ses. grup. sem.: 1.5 horas de duración cada una)
- Entrevista inicial individual cara a cara de 15 min.
- 15 entrevistas cara a cara (15 min)
- Entrevista de salida individual de 15 min.

REGLAS DEL PROGRAMA/RESPONSABILIDAD DE LOS PARTICIPANTES

- Asistencia:
Se requiere que los Participantes asistan a todas las actividades designadas del programa y lleguen a tiempo para asegurar que se registren antes de iniciar la actividad programada. No se permitirá a los participantes que lleguen tarde a la actividad programada y se les cobrará una cuota de \$45 por la actividad desaprovechada.
- Ausencias:
No se permitirá a los participantes del Programa de Primera Ofensa 9 Mes.(AB1353) más de (7) ausencias en total por periodo de inscripción. Serán terminados del programa a los participantes que estén ausentes más de 7 veces. No contará como una ausencia si vuelve a programar una actividad 24 horas o más antes de la actividad. Se impondrá una cuota de \$45 a los participantes para volver a programar.
- Compensación por No Haber Asistido:
Se requiere que los Participantes compensen todas las ausencias antes de recibir un Aviso de Conclusión (Formulario DL101 del Departamento de Tránsito). Las sesiones para compensar la ausencia deben reflejar el tipo de sesión a la que él o la participante no asistieron y no se puede utilizar de tal manera que acelere el programa. Se impondrá una cuota de \$45 a todas las actividades que no asistió
- Permiso de Ausencia:
Los Participantes pueden solicitar un permiso de ausencia cuando no puedan asistir a cualquiera de los programas de la actividad prevista. Un permiso de ausencia se solicita presentando una solicitud por escrito al Programa y proporcionando documentación adecuada que corrobore la necesidad para el permiso de ausencia. Una cuota de procesamiento de \$45 será evaluada por cada ausencia solicitada. El permiso de ausencia puede ser concedido solamente por alguno de los motivos a continuación:
 - Responsabilidad militar que requiera una ausencia prolongada
 - Responsabilidad de trabajo que requiera viaje prolongado.
 - Enfermedad prolongada o tratamiento médico de participantes o de familiares cercanos
 - Encarcelamiento o participación en un programa residencial de tratamiento o recuperación por abuso de alcohol o drogas.

Iniciales del/de la Participante_____

- Extrema adversidad personal o emergencia familiar (sin incluir apuros financieros)
- Vacaciones planeadas con anticipación (sólo si se han compensado todas las actividades que no asistió y no hay morosidad de pago de cuotas).
- El tiempo desaprovechado durante un permiso de ausencia no será computado como tiempo de participación.
- Normas de Vestir:
Se requiere vestimenta apropiada de acuerdo a las políticas del Programa. La falta de cumplir con las normas de vestir resultará en despido de la actividad programada y se verá en la necesidad de compensar la actividad a la que no asistió por un costo de \$45 a los participantes.
- Sobriedad/Abstinencia en el Programa
Todos los participantes del Programa deben cumplir con los reglamentos de sobriedad del Programa como se define en la Subsección 9874 del Título 9 del Código de Reglamentos de California.
El programa de Manejar Bajo la Influencia (DUI por sus siglas en inglés) determinará si el participante está bajo la influencia de drogas o alcohol al: requerir que el participante se someta a una prueba con un dispositivo químico diseñado para determinar si un individuo está bajo la influencia, o si dos o más miembros del personal documentan el comportamiento en el registro del participante del programa. Título 9 Sección 9874 (c) (2).
Si el programa de Manejar Bajo la Influencia (DUI por sus siglas en inglés) determina que el participante está bajo la influencia de las drogas o el alcohol, el programa DUI sugerirá al participante que él/ella podría obtener un examen de drogas por su propia cuenta para refutar la determinación de estar bajo la influencia de las drogas. Título 9, Sección 9874 (e)(1). Si el participante escoge obtener una evaluación de drogas, tiene que llevarse a cabo por un laboratorio clínico autorizado por el Departamento de Servicios de Salud dentro de las 24 horas siguientes de la determinación del programa DUI de que el participante estaba bajo la influencia de las drogas.
Cualquier participante con instrucciones de retirarse de las instalaciones después de determinar que él/ella se encuentra bajo la influencia de alcohol u otras drogas será aconsejada para hacer arreglos de transportación por su propia cuenta al lugar de residencia del/de la participante. Se llamará a la autoridad policial si algún participante opta por manejar en esas condiciones.

EXTENSIÓN

Dado el caso que los participantes que asisten al programa necesiten solicitar una extensión de tiempo para postergar a una fecha futura un Aviso de Conclusión (DL101) a la corte, los participantes tendrán la responsabilidad de obtener la extensión de la corte que dictó la sentencia.

TERMINACIÓN POR FALTA DE CUMPLIMIENTO CON EL PROGRAMA

Se dará terminación del programa a los participantes y serán recomendados otra vez a la Corte que dictó la sentencia o al Departamento de Probatoria por los siguientes motivos:

- Incumplimiento en participar en las actividades requeridas del programa dentro de 21 días de haberse transferido a otro Programa por Manejar Bajo la Influencia autorizado por el Departamento;
- Incumplimiento en mantener sobriedad en el programa;
- Incumplimiento en seguir las reglas del Programa por Manejar Bajo la Influencia;
- Falla en obtener un permiso de ausencia, según la Sección 9876.5, cuando él o la participante no puede asistir a los servicios programados del programa durante 21 días o más;
- Sobrepasa el número de ausencias permitidas sin un permiso de ausencia aprobado, según la Sección 9876.5;
- Abusa física o verbalmente o actúa de manera amenazante con el personal del Programa o con otros participantes del programa;
- Incumplimiento en reanudar su asistencia a las actividades del programa dentro de los 21 días de la reanudación programada del LOA.

Los participantes pueden ser terminados y ser referidos nuevamente a la Corte que dictó la sentencia y/o al Departamento de Probatoria por el siguiente motivo:

- No cumple con el pago de las cuotas evaluadas de su programa de conformidad con los requisitos de la Sección 9879;

Iniciales del/de la Participante _____

Cualquier pago excesivo de honorarios será devuelto al participante dentro de los 90 días de la fecha de salida.

TRANSFERENCIAS

Los participantes que se trasladan **fuera** a otro programa Estatal autorizado de DUI, se les impondrá una cuota de admisión de transferencia de \$75. Esto requiere que los participantes se inscriban dentro de los 21 días a partir de la solicitud de transferencia y no se harán excepciones por el incumplimiento de inscripción dentro de los 21 días. Todas las cuotas actuales/pendientes deberán pagarse en su totalidad antes que el Programa complete la solicitud de transferencia. Cualquier pago excesivo de honorarios deberá ser devuelto al participante.

Los participantes que se transfieran **al** Programa de otro programa Estatal autorizado de DUI, se le impondrá una cuota de admisión de transferencia de \$75 (Agregue la tarifa del condado de \$50)

CUOTAS POR SERVICIOS

La cuota del programa para el Programa de Primera Ofensa 9 Mes. (AB1353) es \$2057. Si sus ingresos califican para el nivel de Concesión General de Asistencia en el Condado de Ventura Behavioral Health, todos los servicios del Programa serán ofrecidos por \$5.00 al mes, más cualquier cuota adicional incurrida por los participantes. Si su ingreso familiar mensual es de \$1,848.06 o menos, usted es elegible para un programa extendido de pago. Usted tiene derecho a solicitar una evaluación financiera a fin de determinar elegibilidad para el programa extendido de pago o la cuota del Programa de Asistencia General de \$5.00 por mes.

☐ Estoy solicitando una evaluación financiera

☐ NO estoy solicitando una evaluación financiera

El programa DUI podrá retener el Certificado de Aviso de Conclusión del participante hasta que la tarifa evaluada del programa y los cargos evaluados adicionales se han pagado en su totalidad. Título 9 Sección 9878 (i).

REINCORPORACIÓN

Cualquier participante que se termine de este programa puede reincorporarse mediante una orden de sentencia de la Corte/Probatoria. Se debe programar una entrevista de reingreso y se cobrará una cuota de \$75 por cada reingreso. **Toda cuota deudora al momento de terminación debe ser pagada, como también las cuotas de reingreso, antes de que se dé por completado el reingreso**

QUEJAS

Si algún participante cree que se le ha negado servicio a causa de su raza, color, religión, sexo, lugar de origen, patrimonio cultural o discapacidad física o mental, o si él o la participante tiene quejas sobre las políticas, los procedimientos, las instalaciones o el comportamiento del personal, la notificación de estas quejas se pueden dirigir al Director del Programa del presente programa o al Condado de Ventura Behavioral Health 1-888-567-2122, o al Departamento de Servicios de Salud del Estado de California al (916) 322-2964.

REEMBOLSOS

Si un participante es transferido o terminado del programa de DUI, se completará un cálculo de los honorarios pagados. El programa de DUI reembolsará al participante cualquier tarifa del programa pagada por adelantado por servicios que el participante no recibió. Los reembolsos a los participantes que hayan sido terminados del programa serán emitidos dentro de los noventa días a partir de la fecha del salida.

INFORMACIÓN ADICIONAL:

- Al completar exitosamente este Programa de DUI autorizado por el Estado, inclusive el pago de todas las cuotas del Programa, este programa emitirá un formulario (DL101) de Aviso de Conclusión.

Iniciales del/de la Participante_____

- Entiendo que, a pesar de mi resultado con el DMV o la Corte, soy responsable financieramente por los servicios prestados y que las cuotas no me serán devueltas
- Entiendo que, dado el caso me inscriba en el Programa antes de mi fecha de comparecencia en corte, será mi responsabilidad entregar al programa los documentos de referencia de la corte tan pronto vaya yo a corte. La corte no recibirá notificación de inscripción ni de otra acción hasta que el Programa reciba mis documentos de referencia de la corte.
- Entiendo que el presente contrato pudiera ser enmendado en una fecha futura para incluir requisitos adicionales del condado, cuando sea aprobado por el Departamento de Servicios de Salud del Estado de California, en conformidad con el Título 9, Capítulo 3, División 4 y el Condado de Ventura Behavioral Health.
- Yo declaro que a mi conocimiento, el programa DUI (por sus siglas en inglés) en el cual me estoy inscribiendo ahora es el programa requerido por mi caso del Tribunal y/o DMV (por sus siglas en inglés) y que mi inscripción está basada únicamente en la información que he proporcionado a la agencia DUI la cual no deberá tener ninguna responsabilidad si esa información está incorrecta. Yo declaro que no hay otros casos penales o administrativos pendientes en mi contra que pudieran requerir que yo asista a otro programa. De manera que, si yo completase el presente Programa y recibiese un Certificado de Conclusión y/o DL 101, es mi responsabilidad de notificar al Programa de DUI si estoy sentenciado a otro Programa de DUI en base a esta violación.
- Yo entiendo que no recibiré crédito financiero ni crédito de actividad por los servicios prestados si regreso yo al Programa DUI 24 meses o más a partir de la fecha de mi salida del Programa. También reconozco que a este programa sólo le exigen mantener mi expediente por 48 meses a partir de la fecha de admisión de transferencia de otro programa DUI; fecha de salida del programa; o fecha de emisión de un Certificado de Aviso de Conclusión.

UBICACIÓN DE LOS SERVICIOS:

**Alcohol Education & Recovery Services Oxnard
309 S A St.
Oxnard 93030**

Su asignación de **sesión en grupo** es _____ (Día) comenzando _____ (Fecha) a las _____ (Hora).

Su asignación de **sesión de educación** es _____ (Día) comenzando _____ (Fecha) a las _____ (Hora).

Sus **entrevistas** será en _____ (Fecha) a las _____ (Hora).

Su **entrevista de egreso** se efectuará el _____ (Fecha) a las _____ (Hora).

He leído y entendido las reglas y requisitos como están publicados aquí. También entiendo que este contrato puede ser enmendado en una fecha futura para incluir requisitos adicionales al Programa que hayan sido aprobados por el Condado de Ventura Behavioral Health.

WATSON ADVISEMENT

Este contrato se me ha explicado y he recibido una copia para mi expediente personal.

Entiendo que encontrarse bajo los efectos del alcohol o las drogas o ambos, daña mi habilidad para conducir un vehículo motorizado de manera segura. Por lo tanto, es extremadamente peligroso para la vida humana manejar bajo los efectos del alcohol o drogas o ambos. Si continúo manejando bajo los efectos del alcohol o las drogas o ambos, y como consecuencia de ello, alguien muere, yo podría ser acusado de homicidio.

Nombre del/de la Participante

Firma del/de la Participante

Fecha

Firma del Consejero

Fecha

Se ha anexoado al presente contrato el Acuerdo Programado de Cuotas

DESGLOSE DE CUOTAS Y ACUERDO DE PAGO DE CUOTAS

Al firmar este contrato, estoy de acuerdo a pagar la cuota total del Programa. Entiendo que se me terminará de este Programa DUI al no cumplir con el pago de las cuotas del programa.

También entiendo que se realizará una evaluación financiera:

1. A solicitud mía;
2. Mensualmente si yo califico para el Nivel de Beneficio para Asistencia General.

Program Activities	Number Required	Unit Cost	Total
Admisión/Evaluación	1	\$155	\$155
Grupo	30(1.5 Horas)	\$40	\$1200
Educación	6(2 Horas)	\$35	\$210
Entrevistas	17(.25 Horas)	\$25	\$425
Tarifa del condado	1	\$50	\$50
Tarifa de monitoreo estatal	1	\$17	\$17
Total			<u>\$2057</u>

Additional Program Fees

Tarifa DL101 duplicada	\$25
Tarifa de transferencia (dentro del condado/fuera del condado(afuera)	\$75
Cargo por transferencia externa si se encuentra en el nivel de beneficio de asistencia general	\$5
Cheque devuelto	\$40
Tarifa de actividad perdida	\$45
Tarifa de reprogramación	\$45
Tarifa de reprogramación (o actividad perdida) Nivel de beneficio de asistencia general	\$5
Tarifa de procesamiento de licencia de ausencia	\$45
Reinstalación	\$75
Restablecer si está en el nivel de beneficio de asistencia general	\$10
Tarifa de transferencia (dentro del condado/fuera del condado)(en)	\$75

PAYMENT SCHEDULE	
CUOTA TOTAL DEL PROGRAMA	\$ 2057
Enganche	\$ 250
SALDO DEUDOR	\$ 1807
Pago Seminal	\$60
Pago 1 of <u>\$60</u> los pagos vencen el _____ y el pago final vence el _____.	
Firma de Participante	Fecha
Firma de Representación del programa	Fecha

SB 38 18 Month(78.25 Hrs) Summary Page Proposal

Activity	U	Component	Component Cost	Time	Total Cost	Proposed	Old
Intake/Assessment	1	Intake/Assessment	\$155	1	\$155		
Initial Face to Face Interview	1	1 Face to Face Interview @\$25	\$25	0.25	\$25		
County Monitoring Fee	1		\$50		\$50		
State Monitoring Fee	1		\$17		\$17		
Total Initial Program Fee						\$247	
Face To Face Interviews	25	25 Face to Face Interviews @\$25	\$25	6.25	\$625		
Education Sessions	6	6 Sessions 2 @ \$35 per session	\$35	12	\$210		
Group Counseling Sessions	35	35 Sessions 1.5 @ \$40 per session	\$40	52.5	\$1400		
Reentry Session	6	6 Sessions 1 @ \$75 per session	\$75	6	\$450		
Exit Interview	1	1 Face to Face Exit Interview @\$25	\$25	0.25	\$25		
Total Component Fee						\$2710	
Total Program Services		(1 hr I&A)(.25 Initial Int) (12 Ed) (52.5 GRP) (6 Hr Reentry)(6.25 Int)(.25 Exit Int)		78.25		\$2957	\$3579
Total Proj. Income	1					\$2957	\$3579
Reduction						\$622	17.4%

Phase 1 + 2(First 12 Months)

Activity	Week	Component	Component Cost	Time	Total Cost	Monitoring Fees
Intake/Assessment/I	1	(Enrollment and assessment)(.25)	(\$155)+(\$25)	0.25	\$180	\$67
ED	2	2	\$35	0	\$35	
I	3	0.25	\$25	0.25	\$25	
ED	4	2	\$35	2	\$35	
I	5	0.25	\$25	0.25	\$25	
ED	6	2	\$35	2	\$35	
I	7	0.25	\$25	0.25	\$25	
ED	8	2	\$35	2	\$35	
I	9	0.25	\$25	0.25	\$25	
ED	10	2	\$35	2	\$35	
I	11	0.25	\$25	0.25	\$25	
ED	12	2	\$35	2	\$35	
I	13	0.25	\$25	0.25	\$25	
OFF	14	0	\$0	0	\$0	
I	15	(0.25)	(\$25)	0.25	\$25	
Grp	16	1.5	\$40	1.5	\$40	
Grp/I	17	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	18	1.5	\$40	1.5	\$40	
Grp/I	19	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	20	1.5	\$40	1.5	\$40	
Grp/I	21	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	22	1.5	\$40	1.5	\$40	
Grp/I	23	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	24	1.5	\$40	1.5	\$40	
Grp/I	25	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	26	1.5	\$40	1.5	\$40	
Grp/I	27	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	28	1.5	\$40	1.5	\$40	
Grp/I	29	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	30	1.5	\$40	1.5	\$40	
Grp/I	31	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	32	1.5	\$40	1.5	\$40	
Grp/I	33	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	34	1.5	\$40	1.5	\$40	
Grp/I	35	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	36	1.5	\$40	1.5	\$40	
Grp/I	37	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	38	1.5	\$40	1.5	\$40	
Grp/I	39	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	40	1.5	\$40	1.5	\$40	
Grp/I	41	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	42	1.5	\$40	1.5	\$40	
Grp/I	43	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	44	1.5	\$40	1.5	\$40	
Grp/I	45	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	46	1.5	\$40	1.5	\$40	
Grp/I	47	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	48	1.5	\$40	1.5	\$40	
Grp/I	49	(1.5)(.25)	(\$40)+(\$25)	1.75	\$65	
Grp	50	1.5	\$40	1.5	\$40	
I	51	0.25	\$25	0.25	\$25	
OFF	52	0	\$0	0	\$0	
		(Enrollment & Assessment) (.25 Initial Int) (12 Ed) (52.5 GRP) (6.25 Int)		72	\$2415	\$2482

Phase 3(Last 6 Months)

Activity	Month	Component	Component Cost	Time	Total Cost
Reentry	1	1	\$75	1	\$75
Reentry	2	1	\$75	1	\$75
Reentry	3	1	\$75	1	\$75
Reentry	4	1	\$75	1	\$75
Reentry	5	1	\$75	1	\$75
Reentry	6	1	\$75	1	\$75
Exit	6	0.25	\$25	0.25	\$25
Total		6.25			
	Total Hours	(.25 Initial Int) (12 Ed) (52.5 GRP) (6 Hr Reentry)(6.25 Int)(.25 Exit Int)		Total With Ph 1 & 2	\$2957

MULTIPLE OFFENDER DUI PROGRAM CONTRACT
(18 months 78 Hours)

This contract is entered into as of the date set forth herein by and between **Alcohol Education & Recovery Services Oxnard**, hereinafter referred to as "PROGRAM," AND _____ hereinafter referred to as "PARTICIPANT."

IT SHOULD BE UNDERSTOOD THAT THESE RULES AND REGULATIONS GOVERNING THIS CONTRACT ARE SET FORTH BY VENTURA COUNTY BEHAVIORAL HEALTH, AND BY THE STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES. "PROGRAM'S" ROLE IS TO ASSURE THAT EACH PARTICIPANT ADHERES TO THE REQUIREMENTS AS SET FORTH. THE PARTICIPANT AGREES TO ABIDE BY SAID RULES.

PROGRAM REQUIREMENTS

Phase I: 12 Months:

- Intake/Assessment
- 12 Hours of Alcohol/Drug Education: (6 sessions; 2 hours duration each)
- 52.5 Hours of Group Interaction: (35 weekly group session: 1.5 hr. duration each)
- 26 15 min Individual Face to Face Interviews (Minimum until all group and education services are completed)

Phase II: Six Months:

- 6 Hours Community Re-entry groups – 1 hour monthly for six months.
- 15 min exit interview

PROGRAM RULES/PARTICIPANT RESPONSIBILITY

- Attendance:
The Participant is required to attend all assigned program activities and arrive timely to ensure signing in prior to the beginning of the scheduled activity. Late participants will not be permitted to attend the scheduled activity and will be assessed a \$45 missed activity fee. *A participant in Phase II of the Multiple Offender program who is absent for two (2) consecutive scheduled program re-entry groups and fails to obtain a Leave of Absence will be automatically terminated and returned to Court.*
- Absences:
A participant in a Multiple Offender Program shall not be allowed more than ten (10) total absences per period of enrollment. A participant who is absent more than 10 times will be terminated from the Program. Rescheduling an activity 24 hours or more before the activity will not count as an absence. A rescheduling fee of \$45 may be assessed to the participant.
- Make Ups:
Participants are required to make up all absences before receiving a Notice of Completion (Department of Motor Vehicles Form DL101). Make-up sessions must reflect the type of session that the participant missed, and may not be utilized in such a way that accelerates the program. A \$45 fee is assessed for all missed activities.
- Leave of Absence:
Participant may request a leave of absence whenever he/she is unable to attend any scheduled program activities. A leave of absence is requested by submitting a written request to the Program and providing proper documentation that substantiates the need for the leave of absence. A \$45 leave of absence processing fee will be assessed for each leave of absence requested. A leave of absence may be granted for the following reasons only:

Participant Initials _____

- Military responsibilities requiring an extended absence
 - Work responsibilities requiring travel for an extended period of time.
 - Extended illness or medical treatment of participant or family member
 - Incarceration or participating in a residential alcohol or drug abuse recovery or treatment program.
 - Extreme personal hardship or family emergency (not including financial hardship)
 - Pre-planned vacation (only if all missed activities are made up and fees are not delinquent).
 - Time missed while on a leave of absence shall not be counted as participation time.
- Dress Code:
Appropriate dress is required in accordance with Program policy. Failure to meet the dress code will result in dismissal from the scheduled activity and the need to make-up the missed activity at a cost of \$45 to the participant.
 - Program Sobriety/Abstinence
All Program participants must comply with the Program sobriety regulations as defined in Subsection 9874 of Title 9 of the California Code of Regulations.

The DUI program shall determine whether the participant is under the influence of drugs or alcohol by either: requiring the participant to submit to testing with a chemical device designed to determine if an individual is under the influence or if two or more staff members documenting the behavior in the participant's program record. Title 9 Section 9874 (c) (2).

If the DUI program determines that the participant is under the influence of drugs or alcohol, the DUI program shall advise the participant that he/she may obtain a drug test at his/her own expense in order to refute the determination of being under the influence of drugs. Title 9 Section 9874 (e) (1). If the participant chooses to obtain a drug screening, it must be conducted by a clinical laboratory licensed by the Department of Health Services and must be conducted within 24 hours of the DUI program determination that participant was under the influence.

A participant directed to leave the facility with the determination that he/she is under the influence of alcohol or other drugs shall be counseled to arrange for transportation to the participant's place of residence at the participant's expense. Law enforcement will be called if a participant chooses to drive.

EXTENSION

Should the participant's attendance necessitate requesting an extension of time for date to return to court with a Notification of Completion (DL101), the participant shall be responsible for obtaining the extension from the sentencing court.

TERMINATION FOR PROGRAM NON-COMPLIANCE

A participant shall be terminated and referred back to the sentencing Court/Probation for the following reasons:

- Fails to participate in required program activities within 21 days of transfer to another Driving Under Influence Program licensed by the Department;
- Fails to maintain program sobriety;
- Fails to comply with Driving-Under-the-Influence program rules;

Participant Initials_____

- Fails to obtain a leave of absence, in accordance with Section 9876.5, when the participant is unable to attend any scheduled program services for 21 days or longer;
- Exceeds the number of allowed absences without a leave of absence approved in accordance with Section 9876.5;
- Is physically or verbally abusive or acts in a threatening manner to program staff or other program participants;
- Fails to resume attending program activities within 21 days of scheduled return from LOA.

A participant may be terminated and referred back to sentencing Court/Probation for the following reason:

- Fails to pay his/her program fees assessed in accordance with the requirement of Section 9879;

Any overpayment of fees shall be refunded to the participant within 90 days of the date of dismissal.

TRANSFERS

A participant who transfers **out** to another State licensed DUI Program shall be assessed a transfer out fee of \$75. This requires that the participant enroll within 21 days of the transfer request and no exceptions will be made for failure to enroll within 21 days. All current/outstanding fees must be paid in full before the Program will complete the transfer request. Any overpayment of fees shall be refunded to the participant.

A participant who transfers **into** the Program from another State licensed DUI Program shall be assessed a transfer in fee of \$75 (plus the \$50 county monitoring fee if from out of county).

FEES FOR SERVICES

The program fee for the SB38 Multiple Offender Program is \$2747. If your income qualifies for the General Assistance Grant level in Ventura County of TBD monthly, all Program services will be provided for \$5.00 per month, plus any additional fees incurred by the participant. If your monthly family income is \$1,848.06 or less you are eligible for an extended payment schedule. You have the right to request a financial assessment in order to determine eligibility for the extended payment schedule or the General Assistance Grant level fee of \$5.00 per month.

☐ I am requesting a financial assessment

☐ I am NOT requesting a financial assessment

The DUI program may withhold the participant's Notice of Completion certificate until the assessed program fee, and any additional fees assessed have been paid in full. Title 9 Section 9878 (i)

REINSTATEMENT

Any participant terminated from this program may reinstate a sentencing Court/Probation order. A reinstatement interview must be scheduled and a \$75 fee will be assessed for each reinstatement. **Any fees owed at termination must be paid, as well as the reinstatement fees, before reinstatement is completed.**

Participant Initials _____

GRIEVANCE

If a participant believes service has been denied based on race, color, religion, sex, place of origin, heritage or mental or physical handicap, or if the participant has complaints about policies, procedures, facilities, or the conduct of staff, notification of these grievances may be addressed to the Program Director of this Program; Ventura County Behavioral Health 1-888-567-2122; or the State of California Department of Health Care Services at (916) 322-2964.

REFUNDS

If a participant is transferred or terminated from the DUI program, a calculation of fees paid will be completed. The DUI program shall refund to the participant any program fee paid in advance for services the participant did not receive. Refunds to participants who have been dismissed from the program shall be issued within ninety days from the date of dismissal.

ADDITIONAL INFORMATION:

- Upon successful completion of this State licensed DUI Program, including payment of all program fees, this program will issue a Notification of Completion form (DL101).
- I understand that regardless of my DMV or Court outcome, I am financially responsible for services rendered and that fees will not be refunded to me.
- I understand that in the event that I enroll in the Program before my court date, it will be my responsibility to provide the program with the court referral papers as soon as I go to court. The court will not be notified of enrollment or any other action until the Program receives my court referral papers.
- I understand that this contract may be amended at a later date to include additional county requirements, when approved by the State of California Department of Health Care Services, in accordance with Title 9, Chapter 3, Division 4 and Ventura County Behavioral Health.
- I declare that to my knowledge, the DUI Program in which I am presently enrolling is the program required by my Court and/or DMV case, and that my enrollment is based solely on the information I have provided to the DUI agency which shall bear no responsibility if that information is incorrect. I declare that there are no other criminal or administrative matters pending against me that would require that I take another program. Therefore, should I complete this present Program and receive a Certificate of Completion and/or DL 101, it is my responsibility to notify the DUI Program if I am sentenced to another Program based on this violation.
- I understand as an enrollee in the Multiple Offender Program, I am required to attend a face-to-face counseling session every other week for the first twelve months of the program. Should it become necessary for me to receive more than 26 face-to-face interviews, I will be assessed a fee of \$25 for every additional face-to-face interview I receive.
- I understand I will not receive financial or activity credit for services rendered should I return to the DUI Program 24 months or longer from the date of my Program dismissal. I also acknowledge that this Program is only required to maintain my file 48 months from the date of transfer to another DUI program; date of dismissal from the program; or date of issuance of a Notice of Completion Certificate.

LOCATION OF SERVICES:

**Alcohol Education & Recovery Services Oxnard
309 S A St.
Oxnard 93030**

Alcohol Education & Recovery Services Oxnard
SCHEDULE OF SERVICES

Your **group session** assignment is _____ (Day) beginning _____ (Date)
at _____ (Time).

Your **education session** assignment is _____ (Day) beginning _____ (Date)
at _____ (Time).

Your **individual fifteen-minute (15) interview**, held every other week, will begin on
_____ (Date) at _____ (Time) and will continue for 12 months.

Your monthly **Re-Entry Group** will be held on _____ (Date) at _____ (Time).

I have read and understand the rules and requirements as set forth. I also understand this contract may be amended at a later date to include additional Program requirements that have been approved by Ventura County Behavioral Health.

WATSON ADVISEMENT

This contract has been explained to me and I have received a copy for my records.

I understand that being under the influence of alcohol or drugs, or both, impairs my ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I continue to drive while under the influence of alcohol or drugs, or both, and as a result of my driving, someone is killed, I can be charged with murder.

Participant Name

Participant Signature

Date

Counselor Signature

Date

Attached to this contract is the Fee/Schedule Payment Agreement

FEE BREAKDOWN & FEE PAYMENT AGREEMENT

By signing this agreement, I agree to pay the total Program fee. I understand that I will be terminated from this DUI Program for failure to pay the program fee.

I also understand that a financial assessment will be conducted:

1. Upon my request;
2. Monthly if I qualify for the General Assistant Benefit Level.

Program Activities	Number Required	Unit Cost	Total
Intake/Assessment	1	\$155	\$155
Group	35(1.5 Hours)	\$40	\$1400
Education	6(2 Hours)	\$35	\$210
Interviews	27(.25 Hours)(Min, including exit)	\$25	\$675
Reentry Groups	6(1 Hour)	\$75	\$450
County Monitoring Fee	1	\$50	\$50
State Monitoring Fee	1	\$17	\$17
Total			<u>\$2957</u>

Additional Program Fees

Duplicate DL101/Research	\$25
Transfer Out(In County/Out of County)	\$75
Transfer Out Fee if on General Assistance Benefit Level	\$5
Returned check	\$40
Missed Activity Fee	\$45
Rescheduling Fee	\$45
Rescheduling Fee (for Missed Activity) General Assistance Benefit Level	\$5
Leave of Absence Processing Fee	\$45
Reinstatement	\$75
Reinstate if on General Assistance Benefit Level	\$10
Transfer-In Fee (In County/Out of County)	\$75

PAYMENT SCHEDULE	
TOTAL PROGRAM FEE	\$ 2957
Down-payment	\$ 250
BALANCE DUE	\$ 2707
Weekly, Bi-Weekly, Monthly Payment Amount (Circle One)	\$
Payment 1 of <u> \$60 </u> payments is due by <u> </u> with a final payment due on <u> TBD </u> .	
Signature of Participant	Date
Signature/Title of Program Representative	Date

**CONTRATO DEL PROGRAMA DE DUI PARA MÚLTIPLES DELINCUENTES
(18 meses 78 Horas)**

Este contrato se realiza a partir de la fecha aquí establecida entre las partes **Alcohol Education and Recovery Services Oxnard** de aquí en adelante denominado como el "PROGRAMA," Y _____ de aquí en adelante denominado como "PARTICIPANTE."

DEBE ENTENDERSE QUE ESTAS REGLAS Y REGLAMENTOS QUE RIGEN ESTE CONTRATO SON ESTABLECIDAS POR VENTURA COUNTY BEHAVIORAL HEALTH Y POR EL DEPARTAMENTO DE SERVICIOS DE SALUD DEL ESTADO DE CALIFORNIA. LA FUNCIÓN DEL "PROGRAMA" ES DE ASEGURAR QUE CADA PARTICIPANTE SE ADHIERA A LOS REQUISITOS COMO ESTÁN PUBLICADOS. EL O LA PARTICIPANTE ESTÁ DE ACUERDO EN CUMPLIR CON DICHAS REGLAS.

REQUISITOS DEL PROGRAMA

Fase I: 12 Meses:

- Admisión/Evaluación
- 12 Horas de Educación sobre Alcohol/Drogas: (6 sesiones; 2 horas de duración cada una)
- 52.5 Horas de Interacción Grupal: (35 ses. grup. sem.: 1.5 horas de duración cada una)
- 26 entrevistas cara a cara (15 min)
- Entrevista de salida individual de 15 min.

Fase II: Seis Meses:

- 6 Hours Community Re-entry groups – 1 hour monthly for six months.
- Entrevista de salida individual de 15 min.

REGLAS DEL PROGRAMA/RESPONSABILIDAD DE LOS PARTICIPANTES

- Asistencia:
Se requiere que los Participantes asistan a todas las actividades designadas del programa y lleguen a tiempo para asegurar que se registren antes de iniciar la actividad programada. No se permitirá a los participantes que lleguen tarde a la actividad programada y se les cobrará una cuota de \$45 por la actividad desaprovechada.
- Ausencias:
No se permitirá a los participantes del programa de DUI para multiples delincuentes(18 mes) más de (10) ausencias en total por periodo de inscripción. Serán terminados del programa a los participantes que estén ausentes más de 10 veces. No contará como una ausencia si vuelve a programar una actividad 24 horas o más antes de la actividad. Se impondrá una cuota de \$45 a los participantes para volver a programar.
- Compensación por No Haber Asistido:
Se requiere que los Participantes compensen todas las ausencias antes de recibir un Aviso de Conclusión (Formulario DL101 del Departamento de Tránsito). Las sesiones para compensar la ausencia deben reflejar el tipo de sesión a la que él o la participante no asistieron y no se puede utilizar de tal manera que acelere el programa. Se impondrá una cuota de \$45 a todas las actividades que no asistió
- Permiso de Ausencia:
Los Participantes pueden solicitar un permiso de ausencia cuando no puedan asistir a cualquiera de los programas de la actividad prevista. Un permiso de ausencia se solicita presentando una solicitud por escrito al Programa y proporcionando documentación adecuada que corrobore la necesidad para el permiso de ausencia. Una cuota de procesamiento de \$45 será evaluada por cada ausencia solicitada. El permiso de ausencia puede ser concedido solamente por alguno de los motivos a continuación:
 - Responsabilidad militar que requiera una ausencia prolongada
 - Responsabilidad de trabajo que requiera viaje prolongado.
 - Enfermedad prolongada o tratamiento médico de participantes o de familiares cercanos
 - Encarcelamiento o participación en un programa residencial de tratamiento o recuperación por abuso de alcohol o drogas.

Iniciales del/de la Participante _____

- Extrema adversidad personal o emergencia familiar (sin incluir apuros financieros)
- Vacaciones planeadas con anticipación (sólo si se han compensado todas las actividades que no asistió y no hay morosidad de pago de cuotas).
- El tiempo desaprovechado durante un permiso de ausencia no será computado como tiempo de participación.
- Normas de Vestir:
Se requiere vestimenta apropiada de acuerdo a las políticas del Programa. La falta de cumplir con las normas de vestir resultará en despido de la actividad programada y se verá en la necesidad de compensar la actividad a la que no asistió por un costo de \$45 a los participantes.
- Sobriedad/Abstinencia en el Programa
Todos los participantes del Programa deben cumplir con los reglamentos de sobriedad del Programa como se define en la Subsección 9874 del Título 9 del Código de Reglamentos de California.
El programa de Manejar Bajo la Influencia (DUI por sus siglas en inglés) determinará si el participante está bajo la influencia de drogas o alcohol al: requerir que el participante se someta a una prueba con un dispositivo químico diseñado para determinar si un individuo está bajo la influencia, o si dos o más miembros del personal documentan el comportamiento en el registro del participante del programa. Título 9 Sección 9874 (c) (2).
Si el programa de Manejar Bajo la Influencia (DUI por sus siglas en inglés) determina que el participante está bajo la influencia de las drogas o el alcohol, el programa DUI sugerirá al participante que él/ella podría obtener un examen de drogas por su propia cuenta para refutar la determinación de estar bajo la influencia de las drogas. Título 9, Sección 9874 (e)(1). Si el participante escoge obtener una evaluación de drogas, tiene que llevarse a cabo por un laboratorio clínico autorizado por el Departamento de Servicios de Salud dentro de las 24 horas siguientes de la determinación del programa DUI de que el participante estaba bajo la influencia de las drogas.
Cualquier participante con instrucciones de retirarse de las instalaciones después de determinar que él/ella se encuentra bajo la influencia de alcohol u otras drogas será aconsejada para hacer arreglos de transportación por su propia cuenta al lugar de residencia del/de la participante. Se llamará a la autoridad policial si algún participante opta por manejar en esas condiciones.

EXTENSIÓN

Dado el caso que los participantes que asisten al programa necesiten solicitar una extensión de tiempo para postergar a una fecha futura un Aviso de Conclusión (DL101) a la corte, los participantes tendrán la responsabilidad de obtener la extensión de la corte que dictó la sentencia.

TERMINACIÓN POR FALTA DE CUMPLIMIENTO CON EL PROGRAMA

Se dará terminación del programa a los participantes y serán recomendados otra vez a la Corte que dictó la sentencia o al Departamento de Probatoria por los siguientes motivos:

- Incumplimiento en participar en las actividades requeridas del programa dentro de 21 días de haberse transferido a otro Programa por Manejar Bajo la Influencia autorizado por el Departamento;
- Incumplimiento en mantener sobriedad en el programa;
- Incumplimiento en seguir las reglas del Programa por Manejar Bajo la Influencia;
- Falla en obtener un permiso de ausencia, según la Sección 9876.5, cuando él o la participante no puede asistir a los servicios programados del programa durante 21 días o más;
- Sobrepasa el número de ausencias permitidas sin un permiso de ausencia aprobado, según la Sección 9876.5;
- Abusa física o verbalmente o actúa de manera amenazante con el personal del Programa o con otros participantes del programa;
- Incumplimiento en reanudar su asistencia a las actividades del programa dentro de los 21 días de la reanudación programada del LOA.

Los participantes pueden ser terminados y ser referidos nuevamente a la Corte que dictó la sentencia y/o al Departamento de Probatoria por el siguiente motivo:

- No cumple con el pago de las cuotas evaluadas de su programa de conformidad con los requisitos de la Sección 9879;

Iniciales del/de la Participante _____

Cualquier pago excesivo de honorarios será devuelto al participante dentro de los 90 días de la fecha de salida.

TRANSFERENCIAS

Los participantes que se trasladan **fuera** a otro programa Estatal autorizado de DUI, se les impondrá una cuota de admisión de transferencia de \$75. Esto requiere que los participantes se inscriban dentro de los 21 días a partir de la solicitud de transferencia y no se harán excepciones por el incumplimiento de inscripción dentro de los 21 días. Todas las cuotas actuales/pendientes deberán pagarse en su totalidad antes que el Programa complete la solicitud de transferencia. Cualquier pago excesivo de honorarios deberá ser devuelto al participante.

Los participantes que se transfieran **al** Programa de otro programa Estatal autorizado de DUI, se le impondrá una cuota de admisión de transferencia de \$75 (Agregue la tarifa del condado de \$50)

CUOTAS POR SERVICIOS

La cuota del programa para el programa de DUI para múltiples delincuentes (18 meses) es \$2747. Si sus ingresos califican para el nivel de Concesión General de Asistencia en el Condado de Ventura Behavioral Health, todos los servicios del Programa serán ofrecidos por \$5.00 al mes, más cualquier cuota adicional incurrida por los participantes. Si su ingreso familiar mensual es de \$1,848.06 o menos, usted es elegible para un programa extendido de pago. Usted tiene derecho a solicitar una evaluación financiera a fin de determinar elegibilidad para el programa extendido de pago o la cuota del Programa de Asistencia General de \$5.00 por mes.

☐ Estoy solicitando una evaluación financiera

☐ NO estoy solicitando una evaluación financiera

El programa DUI podrá retener el Certificado de Aviso de Conclusión del participante hasta que la tarifa evaluada del programa y los cargos evaluados adicionales se han pagado en su totalidad. Título 9 Sección 9878 (i).

REINCORPORACIÓN

Cualquier participante que se termine de este programa puede reincorporarse mediante una orden de sentencia de la Corte/Probatoria. Se debe programar una entrevista de reingreso y se cobrará una cuota de \$75 por cada reingreso. **Toda cuota deudora al momento de terminación debe ser pagada, como también las cuotas de reingreso, antes de que se dé por completado el reingreso**

QUEJAS

Si algún participante cree que se le ha negado servicio a causa de su raza, color, religión, sexo, lugar de origen, patrimonio cultural o discapacidad física o mental, o si él o la participante tiene quejas sobre las políticas, los procedimientos, las instalaciones o el comportamiento del personal, la notificación de estas quejas se pueden dirigir al Director del Programa del presente programa o al Condado de Ventura Behavioral Health 1-888-567-2122, o al Departamento de Servicios de Salud del Estado de California al (916) 322-2964.

REEMBOLSOS

Si un participante es transferido o terminado del programa de DUI, se completará un cálculo de los honorarios pagados. El programa de DUI reembolsará al participante cualquier tarifa del programa pagada por adelantado por servicios que el participante no recibió. Los reembolsos a los participantes que hayan sido terminados del programa serán emitidos dentro de los noventa días a partir de la fecha del salida.

INFORMACIÓN ADICIONAL:

- Al completar exitosamente este Programa de DUI autorizado por el Estado, inclusive el pago de todas las cuotas del Programa, este programa emitirá un formulario (DL101) de Aviso de Conclusión.

Iniciales del/de la Participante_____

- Entiendo que, a pesar de mi resultado con el DMV o la Corte, soy responsable financieramente por los servicios prestados y que las cuotas no me serán devueltas
- Entiendo que, dado el caso me inscriba en el Programa antes de mi fecha de comparecencia en corte, será mi responsabilidad entregar al programa los documentos de referencia de la corte tan pronto vaya yo a corte. La corte no recibirá notificación de inscripción ni de otra acción hasta que el Programa reciba mis documentos de referencia de la corte.
- Entiendo que el presente contrato pudiera ser enmendado en una fecha futura para incluir requisitos adicionales del condado, cuando sea aprobado por el Departamento de Servicios de Salud del Estado de California, en conformidad con el Título 9, Capítulo 3, División 4 y el Condado de Ventura Behavioral Health.
- Yo declaro que a mi conocimiento, el programa DUI (por sus siglas en inglés) en el cual me estoy inscribiendo ahora es el programa requerido por mi caso del Tribunal y/o DMV (por sus siglas en inglés) y que mi inscripción está basada únicamente en la información que he proporcionado a la agencia DUI la cual no deberá tener ninguna responsabilidad si esa información está incorrecta. Yo declaro que no hay otros casos penales o administrativos pendientes en mi contra que pudieran requerir que yo asista a otro programa. De manera que, si yo completase el presente Programa y recibiese un Certificado de Conclusión y/o DL 101, es mi responsabilidad de notificar al Programa de DUI si estoy sentenciado a otro Programa de DUI en base a esta violación.
- Yo entiendo que no recibiré crédito financiero ni crédito de actividad por los servicios prestados si regreso yo al Programa DUI 24 meses o más a partir de la fecha de mi salida del Programa. También reconozco que a este programa sólo le exigen mantener mi expediente por 48 meses a partir de la fecha de admisión de transferencia de otro programa DUI; fecha de salida del programa; o fecha de emisión de un Certificado de Aviso de Conclusión.

UBICACIÓN DE LOS SERVICIOS:

**Alcohol Education & Recovery Services Oxnard
309 S A St.
Oxnard 93030**

Su asignación de **sesión en grupo** es _____ (Día) comenzando _____ (Fecha) a las _____ (Hora).

Su asignación de **sesión de educación** es _____ (Día) comenzando _____ (Fecha) a las _____ (Hora).

Sus **entrevistas** será en _____ (Fecha) a las _____ (Hora).

Su **entrevista de egreso** se efectuará el _____ (Fecha) a las _____ (Hora).

He leído y entendido las reglas y requisitos como están publicados aquí. También entiendo que este contrato puede ser enmendado en una fecha futura para incluir requisitos adicionales al Programa que hayan sido aprobados por el Condado de Ventura Behavioral Health.

WATSON ADVISEMENT

Este contrato se me ha explicado y he recibido una copia para mi expediente personal.

Entiendo que encontrarse bajo los efectos del alcohol o las drogas o ambos, daña mi habilidad para conducir un vehículo motorizado de manera segura. Por lo tanto, es extremadamente peligroso para la vida humana manejar bajo los efectos del alcohol o drogas o ambos. Si continúo manejando bajo los efectos del alcohol o las drogas o ambos, y como consecuencia de ello, alguien muere, yo podría ser acusado de homicidio.

Nombre del/de la Participante

Firma del/de la Participante

Fecha

Firma del Consejero

Fecha

Se ha anexoado al presente contrato el Acuerdo Programado de Cuotas

DESGLOSE DE CUOTAS Y ACUERDO DE PAGO DE CUOTAS

Al firmar este contrato, estoy de acuerdo a pagar la cuota total del Programa. Entiendo que se me terminará de este Programa DUI al no cumplir con el pago de las cuotas del programa.

También entiendo que se realizará una evaluación financiera:

1. A solicitud mía;
2. Mensualmente si yo califico para el Nivel de Beneficio para Asistencia General.

Program Activities	Number Required	Unit Cost	Total
Admisión/Evaluación	1	\$155	\$155
Grupo	35(1.5 Horas)	\$40	\$1400
Educación	6(2 Horas)	\$35	\$210
Entrevistas	27(.25 Horas)	\$25	\$675
Grupos de reingreso	6(1 Hora)	\$75	\$450
Tarifa del condado	1	\$50	\$50
Tarifa de monitoreo estatal	1	\$17	\$17
Total			<u>\$2957</u>

Additional Program Fees

Tarifa DL101 duplicada	\$25
Tarifa de transferencia (dentro del condado/fuera del condado(afuera)	\$75
Cargo por transferencia externa si se encuentra en el nivel de beneficio de asistencia general	\$5
Cheque devuelto	\$40
Tarifa de actividad perdida	\$45
Tarifa de reprogramación	\$45
Tarifa de reprogramación (o actividad perdida) Nivel de beneficio de asistencia general	\$5
Tarifa de procesamiento de licencia de ausencia	\$45
Reinstalación	\$75
Restablecer si está en el nivel de beneficio de asistencia general	\$10
Tarifa de transferencia (dentro del condado/fuera del condado)(en)	\$75

PAYMENT SCHEDULE	
CUOTA TOTAL DEL PROGRAMA	\$ 2957
Enganche	\$ 250
SALDO DEUDOR	\$ 2707
Pago Seminal	\$60
Pago 1 of <u>\$60</u> los pagos vencen el _____ y el pago final vence el _____.	
Firma de Participante	Fecha
Firma de Representación del programa	Fecha

W & R Summary Page Proposal

Activity	U	Component	Cost	Time	Total Cost	Proposed	Old
Intake/Assessment	1	Intake/Assessment	\$155		\$155		
County Monitoring Fee	1		\$50		\$50		
State Monitoring Fee	1		\$17		\$17		
Total Initial Program Fee						\$222	
Education Sessions	6	6 Sessions 2.0 @ \$35 per session	\$35	12	\$210		
Total Component Fee						\$210	
Total Program Services		(Intake & Assessment)(12 Ed)		12		\$432	
Total Proj. Income						\$0	\$0.00
Reduction						\$0	

Wet & Reckless Program (12 Hours)

Week	Activity	Component	Component Cost	Time	Total Cost	Monitoring Fees
	Intake/Assessment	Intake/Assessment	(\$75)+(\$80)		\$155	\$67
1	Education	2	\$35	2	\$35	
2	Education	2	\$35	2	\$35	
3	Education	2	\$35	2	\$35	
4	Education	2	\$35	2	\$35	
5	Education	2	\$35	2	\$35	
6	Education	2	\$35	2	\$35	
		(I & A)(12 Ed)		12	\$365	\$432

WET & RECKLESS(ED COMPONENT) PROGRAM CONTRACT
(12 Hours)

This contract is entered into as of the date set forth herein by and between **Alcohol Education & Recovery Services Oxnard**, hereinafter referred to as "PROGRAM," AND _____ hereinafter referred to as "PARTICIPANT."

IT SHOULD BE UNDERSTOOD THAT THESE RULES AND REGULATIONS GOVERNING THIS CONTRACT ARE SET FORTH BY VENTURA COUNTY BEHAVIORAL HEALTH, AND BY THE STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES. "PROGRAM'S" ROLE IS TO ASSURE THAT EACH PARTICIPANT ADHERES TO THE REQUIREMENTS AS SET FORTH. THE PARTICIPANT AGREES TO ABIDE BY SAID RULES.

PROGRAM REQUIREMENTS

- Intake/Assessment
- 12 Hours of Alcohol/Drug Education: (6 sessions; 2 hours duration each)

PROGRAM RULES/PARTICIPANT RESPONSIBILITY

- Attendance:
The Participant is required to attend all assigned program activities and arrive timely to ensure signing in prior to the beginning of the scheduled activity. Late participants will not be permitted to attend the scheduled activity and will be assessed a \$45 missed activity fee.
- Absences:
A participant in a Wet & Reckless(ED COMPONENT) Program shall not be allowed more than two (2) total absences per period of enrollment. A participant who is absent more than 2 times will be terminated from the program. Rescheduling an activity 24 hours or more before the activity will not count as an absence. A rescheduling fee of \$45 will be assessed to the participant.
- Make Ups:
(ED COMPONENT)Participants are required to make up all absences before receiving a Notice of Completion (Department of Motor Vehicles Form DL101). Make-up sessions must reflect the type of session that the participant missed, and may not be utilized in such a way that accelerates the program. A \$45 fee is assessed for all missed activities.
- Leave of Absence:
Participant may request a leave of absence whenever he/she is unable to attend any scheduled program activities. A leave of absence is requested by submitting a written request to the Program and providing proper documentation that substantiates the need for the leave of absence. A \$45 leave of absence processing fee will be assessed for each leave of absence requested. A leave of absence may be granted for the following reasons only:
 - Military responsibilities requiring an extended absence
 - Work responsibilities requiring travel for an extended period of time.
 - Extended illness or medical treatment of participant or family member
 - Incarceration or participating in a residential alcohol or drug abuse recovery or treatment program.

Participant Initials_____

- Extreme personal hardship or family emergency (not including financial hardship)
- Pre-planned vacation (only if all missed activities are made up and fees are not delinquent).
- Time missed while on a leave of absence shall not be counted as participation time.
- **Dress Code:**
Appropriate dress is required in accordance with Program policy. Failure to meet the dress code will result in dismissal from the scheduled activity and the need to make-up the missed activity at a cost of \$45 to the participant.
- **Program Sobriety/Abstinence**
All Program participants must comply with the Program sobriety regulations as defined in Subsection 9874 of Title 9 of the California Code of Regulations.

The DUI program shall determine whether the participant is under the influence of drugs or alcohol by either: requiring the participant to submit to testing with a chemical device designed to determine if an individual is under the influence or if two or more staff members documenting the behavior in the participant's program record. Title 9 Section 9874 (c) (2).

If the DUI program determines that the participant is under the influence of drugs or alcohol, the DUI program shall advise the participant that he/she may obtain a drug test at his/her own expense in order to refute the determination of being under the influence of drugs. Title 9 Section 9874 (e) (1). If the participant chooses to obtain a drug screening, it must be conducted by a clinical laboratory licensed by the Department of Health Services and must be conducted within 24 hours of the DUI program determination that participant was under the influence.

A participant directed to leave the facility with the determination that he/she is under the influence of alcohol or other drugs shall be counseled to arrange for transportation to the participant's place of residence at the participant's expense. Law enforcement will be called if a participant chooses to drive.

EXTENSION

Should the participant's attendance necessitate requesting an extension of time for date to return to court with a Notification of Completion (DL101), the participant shall be responsible for obtaining the extension from the sentencing court.

TERMINATION FOR PROGRAM NON-COMPLIANCE

A participant shall be terminated and referred back to the sentencing Court/Probation for the following reasons:

- Fails to participate in required program activities within 21 days of transfer to another Driving Under Influence Program licensed by the Department;
- Fails to maintain program sobriety;
- Fails to comply with Driving-Under-the-Influence program rules;
- Fails to obtain a leave of absence, in accordance with Section 9876.5, when the participant is unable to attend any scheduled program services for 21 days or longer;
- Exceeds the number of allowed absences without a leave of absence approved in accordance with Section 9876.5;
- Is physically or verbally abusive or acts in a threatening manner to program staff or other program participants;
- Fails to resume attending program activities within 21 days of scheduled return from LOA.

Participant Initials_____

A participant may be terminated and referred back to sentencing Court/Probation for the following reason:

- Fails to pay his/her program fees assessed in accordance with the requirement of Section 9879;

Any overpayment of fees shall be refunded to the participant within 90 days of the date of dismissal.

TRANSFERS

A participant who transfers **out** to another State licensed DUI Program shall be assessed a transfer out fee of \$75. This requires that the participant enroll within 21 days of the transfer request and no exceptions will be made for failure to enroll within 21 days. All current/outstanding fees must be paid in full before the Program will complete the transfer request. Any overpayment of fees shall be refunded to the participant.

A participant who transfers **into** the Program from another State licensed DUI Program shall be assessed a transfer in fee of \$75 (plus the \$50 county monitoring fee if from out of county).

FEES FOR SERVICES

The program fee for the Wet & Reckless(ED COMPONENT) Program is \$432. If your income qualifies for the General Assistance Grant level in Ventura County of TBD monthly, all Program services will be provided for \$5.00 per month, plus any additional fees incurred by the participant. If your monthly family income is \$1,848.06 or less you are eligible for an extended payment schedule. You have the right to request a financial assessment in order to determine eligibility for the extended payment schedule or the General Assistance Grant level fee of \$5.00 per month.

☐ I am requesting a financial assessment

☐ I am NOT requesting a financial assessment

The DUI program may withhold the participant's Notice of Completion certificate until the assessed program fee, and any additional fees assessed have been paid in full. Title 9 Section 9878 (i)

REINSTATEMENT

Any participant terminated from this program may reinstate a sentencing Court/Probation order. A reinstatement interview must be scheduled and a \$75 fee will be assessed for each reinstatement. **Any fees owed at termination must be paid, as well as the reinstatement fees, before reinstatement is completed**

GRIEVANCE

If a participant believes service has been denied based on race, color, religion, sex, place of origin, heritage or mental or physical handicap, or if the participant has complaints about policies, procedures, facilities, or the conduct of staff, notification of these grievances may be addressed to the Program Director of this Program; Ventura County Behavioral Health 1-888-567-2122; or the State of California Department of Health Care Services at (916) 322-2964.

Participant Initials _____

REFUNDS

If a participant is transferred or terminated from the DUI program, a calculation of fees paid will be completed. The DUI program shall refund to the participant any program fee paid in advance for services the participant did not receive. Refunds to participants who have been dismissed from the program shall be issued within ninety days from the date of dismissal.

ADDITIONAL INFORMATION:

- Upon successful completion of this State licensed DUI Program, including payment of all Program fees, this program will issue a Notification of Completion form (DL101).
- I understand that regardless of my DMV or Court outcome, I am financially responsible for services rendered and that fees will not be refunded to me
- I understand that in the event that I enroll in the Program before my court date, it will be my responsibility to provide the program with the court referral papers as soon as I go to court. The court will not be notified of enrollment or any other action until the Program receives my court referral papers.
- I understand that this contract may be amended at a later date to include additional county requirements, when approved by the State of California Department of Health Care Services, in accordance with Title 9, Chapter 3, Division 4 and Ventura County Behavioral Health.
- I declare that to my knowledge, the DUI Program in which I am presently enrolling is the program required by my Court and/or DMV case, and that my enrollment is based solely on the information I have provided to the DUI agency which shall bear no responsibility if that information is incorrect. I declare that there are no other criminal or administrative matters pending against me that would require that I take another program. Therefore, should I complete this present Program and receive a Certificate of Completion and/or DL 101, it is my responsibility to notify the DUI Program if I am sentenced to another Program based on this violation.
- I understand I will not receive financial or activity credit for services rendered should I return to the DUI Program 24 months or longer from the date of my Program dismissal. I also acknowledge that this Program is only required to maintain my file 48 months from the date of transfer to another DUI program; date of dismissal from the program; or date of issuance of a Notice of Completion Certificate.

LOCATION OF SERVICES:

**Alcohol Education & Recovery Services Oxnard
309 S A St.
Oxnard 93030**

Participant Initials_____

SCHEDULE OF SERVICES

Your **group session** assignment is _____ (Day) beginning _____ (Date) at _____ (Time).

Your **education session** assignment is _____ (Day) beginning _____ (Date) at _____ (Time).

Your **mid-interview** will be on _____ (Date) at _____ (Time).

Your **exit interview** will be held on _____ (Date) at _____ (Time).

I have read and understand the rules and requirements as set forth. I also understand this contract may be amended at a later date to include additional program requirements that have been approved by Ventura County Behavioral Health.

This contract has been explained to me and I have received a copy for my records.

I understand that being under the influence of alcohol or drugs, or both, impairs my ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I continue to drive while under the influence of alcohol or drugs, or both, and as a result of my driving, someone is killed, I can be charged with murder.

Participant Name

Participant Signature

Date

Counselor Signature

Date

Attached to this contract is the Fee/Schedule Payment Agreement

FEE BREAKDOWN & FEE PAYMENT AGREEMENT

By signing this agreement, I agree to pay the total Program fee. I understand that I will be terminated from this DUI Program for failure to pay the program fee.

I also understand that a financial assessment will be conducted:

1. Upon my request;
2. Monthly if I qualify for the General Assistant Benefit Level.

Program Activities	Number Required	Unit Cost	Total
Intake/Assessment	1	\$155	\$155
Education	6(2 Hours)	\$35	\$210
County Monitoring Fee	1	\$50	\$50
State Monitoring Fee	1	\$17	\$17
Total			<u>\$432</u>

Additional Program Fees

Duplicate DL101/Research	\$25
Transfer Out(In County/Out of County)	\$75
Transfer Out Fee if on General Assistance Benefit Level	\$5
Returned check	\$40
Missed Activity Fee	\$45
Rescheduling Fee	\$45
Rescheduling Fee (for Missed Activity) General Assistance Benefit Level	\$5
Leave of Absence Processing Fee	\$45
Reinstatement	\$75
Reinstate if on General Assistance Benefit Level	\$10
Transfer-In Fee (In County/Out of County)	\$75

PAYMENT SCHEDULE	
TOTAL PROGRAM FEE	\$ 432
Down-payment	\$ 250
BALANCE DUE	\$ 182
Weekly, Bi-Weekly, Monthly Payment Amount (Circle One)	\$60
Payment 1 of <u>\$60</u> payments is due by _____ with a final payment due on <u>TBD</u> .	
Signature of Participant	Date
Signature/Title of Program Representative	Date

CONTRATO DEL PROGRAMA WET & RECKLESS (COMPONENTE ED)
(12 Horas)

Este contrato se realiza a partir de la fecha aquí establecida entre las partes **Alcohol Education and Recovery Services Oxnard** de aquí en adelante denominado como el "PROGRAMA," Y _____ de aquí en adelante denominado como "PARTICIPANTE."

DEBE ENTENDERSE QUE ESTAS REGLAS Y REGLAMENTOS QUE RIGEN ESTE CONTRATO SON ESTABLECIDAS POR VENTURA COUNTY BEHAVIORAL HEALTH Y POR EL DEPARTAMENTO DE SERVICIOS DE SALUD DEL ESTADO DE CALIFORNIA. LA FUNCIÓN DEL "PROGRAMA" ES DE ASEGURAR QUE CADA PARTICIPANTE SE ADHIERA A LOS REQUISITOS COMO ESTÁN PUBLICADOS. EL O LA PARTICIPANTE ESTÁ DE ACUERDO EN CUMPLIR CON DICHAS REGLAS.

REQUISITOS DEL PROGRAMA

- Admisión/Evaluación
- 12 Horas de Educación sobre Alcohol/Drogas: (6 sesiones; 2 horas de duración cada una)

REGLAS DEL PROGRAMA/RESPONSABILIDAD DE LOS PARTICIPANTES

- Asistencia:
Se requiere que los Participantes asistan a todas las actividades designadas del programa y lleguen a tiempo para asegurar que se registren antes de iniciar la actividad programada. No se permitirá a los participantes que lleguen tarde a la actividad programada y se les cobrará una cuota de \$45 por la actividad desaprovechada.
- Ausencias:
No se permitirá a los participantes del contrato del programa wet & reckless (COMPONENTE ED) más de cinco (2) ausencias en total por periodo de inscripción. Serán terminados del programa a los participantes que estén ausentes más de 2 veces. No contará como una ausencia si vuelve a programar una actividad 24 horas o más antes de la actividad. Se impondrá una cuota de \$45 a los participantes para volver a programar.
- Compensación por No Haber Asistido:
(ED COMPONENT) Se requiere que los Participantes compensen todas las ausencias antes de recibir un Aviso de Conclusión (Formulario DL101 del Departamento de Tránsito). Las sesiones para compensar la ausencia deben reflejar el tipo de sesión a la que él o la participante no asistieron y no se puede utilizar de tal manera que acelere el programa. Se impondrá una cuota de \$45 a todas las actividades que no asistió
- Permiso de Ausencia:
Los Participantes pueden solicitar un permiso de ausencia cuando no puedan asistir a cualquiera de los programas de la actividad prevista. Un permiso de ausencia se solicita presentando una solicitud por escrito al Programa y proporcionando documentación adecuada que corrobore la necesidad para el permiso de ausencia. Una cuota de procesamiento de \$45 será evaluada por cada ausencia solicitada. El permiso de ausencia puede ser concedido solamente por alguno de los motivos a continuación:
 - Responsabilidad militar que requiera una ausencia prolongada
 - Responsabilidad de trabajo que requiera viaje prolongado.
 - Enfermedad prolongada o tratamiento médico de participantes o de familiares cercanos
 - Encarcelamiento o participación en un programa residencial de tratamiento o recuperación por abuso de alcohol o drogas.

Iniciales del/de la Participante _____

- Extrema adversidad personal o emergencia familiar (sin incluir apuros financieros)
- Vacaciones planeadas con anticipación (sólo si se han compensado todas las actividades que no asistió y no hay morosidad de pago de cuotas).
- El tiempo desaprovechado durante un permiso de ausencia no será computado como tiempo de participación.
- Normas de Vestir:
Se requiere vestimenta apropiada de acuerdo a las políticas del Programa. La falta de cumplir con las normas de vestir resultará en despido de la actividad programada y se verá en la necesidad de compensar la actividad a la que no asistió por un costo de \$45 a los participantes.
- Sobriedad/Abstinencia en el Programa
Todos los participantes del Programa deben cumplir con los reglamentos de sobriedad del Programa como se define en la Subsección 9874 del Título 9 del Código de Reglamentos de California.
El programa de Manejar Bajo la Influencia (DUI por sus siglas en inglés) determinará si el participante está bajo la influencia de drogas o alcohol al: requerir que el participante se someta a una prueba con un dispositivo químico diseñado para determinar si un individuo está bajo la influencia, o si dos o más miembros del personal documentan el comportamiento en el registro del participante del programa. Título 9 Sección 9874 (c) (2).
Si el programa de Manejar Bajo la Influencia (DUI por sus siglas en inglés) determina que el participante está bajo la influencia de las drogas o el alcohol, el programa DUI sugerirá al participante que él/ella podría obtener un examen de drogas por su propia cuenta para refutar la determinación de estar bajo la influencia de las drogas. Título 9, Sección 9874 (e)(1). Si el participante escoge obtener una evaluación de drogas, tiene que llevarse a cabo por un laboratorio clínico autorizado por el Departamento de Servicios de Salud dentro de las 24 horas siguientes de la determinación del programa DUI de que el participante estaba bajo la influencia de las drogas.
Cualquier participante con instrucciones de retirarse de las instalaciones después de determinar que él/ella se encuentra bajo la influencia de alcohol u otras drogas será aconsejada para hacer arreglos de transportación por su propia cuenta al lugar de residencia del/de la participante. Se llamará a la autoridad policial si algún participante opta por manejar en esas condiciones.

EXTENSIÓN

Dado el caso que los participantes que asisten al programa necesiten solicitar una extensión de tiempo para postergar a una fecha futura un Aviso de Conclusión (DL101) a la corte, los participantes tendrán la responsabilidad de obtener la extensión de la corte que dictó la sentencia.

TERMINACIÓN POR FALTA DE CUMPLIMIENTO CON EL PROGRAMA

Se dará terminación del programa a los participantes y serán recomendados otra vez a la Corte que dictó la sentencia o al Departamento de Probatoria por los siguientes motivos:

- Incumplimiento en participar en las actividades requeridas del programa dentro de 21 días de haberse transferido a otro Programa por Manejar Bajo la Influencia autorizado por el Departamento;
- Incumplimiento en mantener sobriedad en el programa;
- Incumplimiento en seguir las reglas del Programa por Manejar Bajo la Influencia;
- Falla en obtener un permiso de ausencia, según la Sección 9876.5, cuando él o la participante no puede asistir a los servicios programados del programa durante 21 días o más;
- Sobrepasa el número de ausencias permitidas sin un permiso de ausencia aprobado, según la Sección 9876.5;
- Abusa física o verbalmente o actúa de manera amenazante con el personal del Programa o con otros participantes del programa;
- Incumplimiento en reanudar su asistencia a las actividades del programa dentro de los 21 días de la reanudación programada del LOA.

Los participantes pueden ser terminados y ser referidos nuevamente a la Corte que dictó la sentencia y/o al Departamento de Probatoria por el siguiente motivo:

- No cumple con el pago de las cuotas evaluadas de su programa de conformidad con los requisitos de la Sección 9879;

Iniciales del/de la Participante_____

Cualquier pago excesivo de honorarios será devuelto al participante dentro de los 90 días de la fecha de salida.

TRANSFERENCIAS

Los participantes que se trasladan **fuera** a otro programa Estatal autorizado de DUI, se les impondrá una cuota de admisión de transferencia de \$75. Esto requiere que los participantes se inscriban dentro de los 21 días a partir de la solicitud de transferencia y no se harán excepciones por el incumplimiento de inscripción dentro de los 21 días. Todas las cuotas actuales/pendientes deberán pagarse en su totalidad antes que el Programa complete la solicitud de transferencia. Cualquier pago excesivo de honorarios deberá ser devuelto al participante.

Los participantes que se transfieran **al** Programa de otro programa Estatal autorizado de DUI, se le impondrá una cuota de admisión de transferencia de \$75 (Agregue la tarifa del condado de \$50).

CUOTAS POR SERVICIOS

La cuota del programa para el contrato del programa wet & reckless (COMPONENTE ED) es de \$432. Si sus ingresos califican para el nivel de Concesión General de Asistencia en el Condado de Ventura Behavioral Health, todos los servicios del Programa serán ofrecidos por \$5.00 al mes, más cualquier cuota adicional incurrida por los participantes. Si su ingreso familiar mensual es de \$1,848.06 o menos, usted es elegible para un programa extendido de pago. Usted tiene derecho a solicitar una evaluación financiera a fin de determinar elegibilidad para el programa extendido de pago o la cuota del Programa de Asistencia General de \$5.00 por mes.

☐ Estoy solicitando una evaluación financiera

☐ NO estoy solicitando una evaluación financiera

El programa DUI podrá retener el Certificado de Aviso de Conclusión del participante hasta que la tarifa evaluada del programa y los cargos evaluados adicionales se han pagado en su totalidad. Titulo 9 Sección 9878 (i).

REINCORPORACIÓN

Cualquier participante que se termine de este programa puede reincorporarse mediante una orden de sentencia de la Corte/Probatoria. Se debe programar una entrevista de reingreso y se cobrará una cuota de \$75 por cada reingreso. **Toda cuota deudora al momento de terminación debe ser pagada, como también las cuotas de reingreso, antes de que se dé por completado el reingreso**

QUEJAS

Si algún participante cree que se le ha negado servicio a causa de su raza, color, religión, sexo, lugar de origen, patrimonio cultural o discapacidad física o mental, o si él o la participante tiene quejas sobre las políticas, los procedimientos, las instalaciones o el comportamiento del personal, la notificación de estas quejas se pueden dirigir al Director del Programa del presente programa o al Condado de Ventura Behavioral Health 1-888-567-2122, o al Departamento de Servicios de Salud del Estado de California al (916) 322-2964.

REEMBOLSOS

Si un participante es transferido o terminado del programa de DUI, se completará un cálculo de los honorarios pagados. El programa de DUI reembolsará al participante cualquier tarifa del programa pagada por adelantado por servicios que el participante no recibió. Los reembolsos a los participantes que hayan sido terminados del programa serán emitidos dentro de los noventa días a partir de la fecha del salida.

INFORMACIÓN ADICIONAL:

- Al completar exitosamente este Programa de DUI autorizado por el Estado, inclusive el pago de todas las cuotas del Programa, este programa emitirá un formulario (DL101) de Aviso de Conclusión.

Iniciales del/de la Participante _____

- Entiendo que, a pesar de mi resultado con el DMV o la Corte, soy responsable financieramente por los servicios prestados y que las cuotas no me serán devueltas
- Entiendo que, dado el caso me inscriba en el Programa antes de mi fecha de comparecencia en corte, será mi responsabilidad entregar al programa los documentos de referencia de la corte tan pronto vaya yo a corte. La corte no recibirá notificación de inscripción ni de otra acción hasta que el Programa reciba mis documentos de referencia de la corte.
- Entiendo que el presente contrato pudiera ser enmendado en una fecha futura para incluir requisitos adicionales del condado, cuando sea aprobado por el Departamento de Servicios de Salud del Estado de California, en conformidad con el Título 9, Capítulo 3, División 4 y el Condado de Ventura Behavioral Health.
- Yo declaro que a mi conocimiento, el programa DUI (por sus siglas en inglés) en el cual me estoy inscribiendo ahora es el programa requerido por mi caso del Tribunal y/o DMV (por sus siglas en inglés) y que mi inscripción está basada únicamente en la información que he proporcionado a la agencia DUI la cual no deberá tener ninguna responsabilidad si esa información está incorrecta. Yo declaro que no hay otros casos penales o administrativos pendientes en mi contra que pudieran requerir que yo asista a otro programa. De manera que, si yo completase el presente Programa y recibiese un Certificado de Conclusión y/o DL 101, es mi responsabilidad de notificar al Programa de DUI si estoy sentenciado a otro Programa de DUI en base a esta violación.
- Yo entiendo que no recibiré crédito financiero ni crédito de actividad por los servicios prestados si regreso yo al Programa DUI 24 meses o más a partir de la fecha de mi salida del Programa. También reconozco que a este programa sólo le exigen mantener mi expediente por 48 meses a partir de la fecha de admisión de transferencia de otro programa DUI; fecha de salida del programa; o fecha de emisión de un Certificado de Aviso de Conclusión.

UBICACIÓN DE LOS SERVICIOS:

**Alcohol Education & Recovery Services Oxnard
309 S A St.
Oxnard 93030**

Su asignación de **sesión en grupo** es _____ (Día) comenzando _____ (Fecha) a las _____ (Hora).

Su asignación de **sesión de educación** es _____ (Día) comenzando _____ (Fecha) a las _____ (Hora).

Su ~~entrevista de media sesión~~ será en _____ (Fecha) a las _____ (Hora).

Su ~~entrevista de egreso~~ se efectuará el _____ (Fecha) a las _____ (Hora).

He leído y entendido las reglas y requisitos como están publicados aquí. También entiendo que este contrato puede ser enmendado en una fecha futura para incluir requisitos adicionales al Programa que hayan sido aprobados por el Condado de Ventura Behavioral Health.

WATSON ADVISEMENT

Este contrato se me ha explicado y he recibido una copia para mi expediente personal.

Entiendo que encontrarse bajo los efectos del alcohol o las drogas o ambos, daña mi habilidad para conducir un vehículo motorizado de manera segura. Por lo tanto, es extremadamente peligroso para la vida humana manejar bajo los efectos del alcohol o drogas o ambos. Si continúo manejando bajo los efectos del alcohol o las drogas o ambos, y como consecuencia de ello, alguien muere, yo podría ser acusado de homicidio.

Nombre del/de la Participante

Firma del/de la Participante

Fecha

Firma del Consejero

Fecha

Se ha anexado al presente contrato el Acuerdo Programado de Cuotas

DESGLOSE DE CUOTAS Y ACUERDO DE PAGO DE CUOTAS

Al firmar este contrato, estoy de acuerdo a pagar la cuota total del Programa. Entiendo que se me terminará de este Programa DUI al no cumplir con el pago de las cuotas del programa.

También entiendo que se realizará una evaluación financiera:

1. A solicitud mía;
2. Mensualmente si yo califico para el Nivel de Beneficio para Asistencia General.

Program Activities	Number Required	Unit Cost	Total
Admisión/Evaluación	1	\$155	\$155
Educación	6(2 Horas)	\$35	\$210
Tarifa del condado	1	\$50	\$50
Tarifa de monitoreo estatal	1	\$17	\$17
Total			<u>\$432</u>

Additional Program Fees

Tarifa DL101 duplicada	\$25
Tarifa de transferencia (dentro del condado/fuera del condado(afuera)	\$75
Cargo por transferencia externa si se encuentra en el nivel de beneficio de asistencia general	\$5
Cheque devuelto	\$40
Tarifa de actividad perdida	\$45
Tarifa de reprogramación	\$45
Tarifa de reprogramación (o actividad perdida) Nivel de beneficio de asistencia general	\$5
Tarifa de procesamiento de licencia de ausencia	\$45
Reinstalación	\$75
Restablecer si está en el nivel de beneficio de asistencia general	\$10
Tarifa de transferencia (dentro del condado/fuera del condado)(en)	\$75

PAYMENT SCHEDULE	
CUOTA TOTAL DEL PROGRAMA	\$ 432
Enganche	\$ 250
SALDO DEUDOR	\$ 182
Pago Seminal	\$60
Pago 1 of <u>\$60</u> los pagos vencen el _____ y el pago final vence el _____.	
Firma de Participante	Fecha
Firma de Representación del programa	Fecha

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS

Executive Director

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Corporate Address

12560 Central Ave. Chino CA 91710

909-591-4761

awatkins@aers.us

Part III
Subsection 3
Additional Program Forms
Forms will be modified to location

ADC-High Gain Project DUI Treatment Program

Client Intake Information

Date: _____

Client name: _____ Phone #: _____

Date of Birth: _____ Age: _____

Driver's License #: _____

Mailing Address: _____
Street Address Apt. # City State Zip

Court Information:

Name of Court: _____

City: _____ State: _____ Zip: _____

Court Case #: _____ Court Due Date: _____



A Public Service Agency

Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

PROGRAM PROVIDER NAME: Alcohol Drug and Council-High Gain Project			PROVIDER'S ADP LICENSE NUMBER 19-005-01-123
PARTICIPANT NAME: (LAST FIRST MIDDLE)			DRIVER LICENSE OR "X" NUMBER

PROGRAM TYPE

- ☐ Education Only (23140 CVC Conviction) ☐ First Offender Program 3 months
- ☐ Multiple Offender Program _____ 18 months _____ 30 months _____ 18 of 30 months (IID Restriction only)

ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER	OR	ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER

I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.

DATE	PARTICIPANT'S SIGNATURE	TELEPHONE NUMBER ()
------	-------------------------	-------------------------

**ADC-High Gain Project
DUI Treatment Program**

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ADC-High Gain Project DUI Treatment Program

Alcohol and Drug Assessment

Date of Interview: _____

General Profile

Client Name: _____ Gender: Male: _____ Female: _____ Age: _____

Employment Status

Usual employment pattern, past three years?

() Full time () Retired/disabled () Part time (regular hours) () Unemployed () Part time (irregular hours)
() In a controlled environment () Student () Unknown () Service

Do you receive a pension for disability? () Yes () No

(If employed complete the following);

Current Employer: _____ Address: _____

Salary: _____ weekly/monthly Telephone Number: _____

Family Social Relationships

1. Marital status? () Married () Remarried () Widowed () Separated () Divorced () Never Married
2. Are you related to or live with anyone who has a substance abuse problem? () Yes () No

Medical Status

1. Do you have any chronic medical problems which continue to interfere with your life? () Yes () No
If yes, specify: _____
2. Are you taking any prescribed medication on a regular basis for a physical problem? () Yes () No
If yes, specify: _____
3. Have you or are you taking any medication that is not prescribed for you? () Yes () No
If yes, specify: _____

Legal Status

1. Was this admission prompted or suggested by the criminal justice system?
(Judge, probation/parole officer, etc.) () Yes () No
2. Are you on probation or parole? () Yes () No
How many times in your life have you been charged with the following?
 1. Public intoxication? _____
 2. Driving while intoxicated? _____
3. Are you presently awaiting charges, trial, or sentence? () Yes () No

Drug/Alcohol Use

Drinking Patterns:

Daily, AM; and/or on the job	Yes_____	No_____
Weekday evening	Yes_____	No_____
Stop off after work	Yes_____	No_____
Weekend	Yes_____	No_____
Occasional Heavy	Yes_____	No_____

ADC-High Gain Project DUI Treatment Program

Related Physical Problems:

Blackouts	Yes _____	No _____
Hangovers	Yes _____	No _____
Passing Out	Yes _____	No _____
Liver Problems	Yes _____	No _____

How many times in your life have you been treated for: Alcohol abuse: _____ and/or Drug abuse: _____

How do you see yourself in relationship to alcohol/drugs?

I consider myself to be a:

ALCOHOL

_____ Social Drinker
_____ Potential Problem Drinker
_____ Alcoholic
_____ In Recovery (how long? _____)
_____ Abstaining (how long? _____)

DRUGS

_____ No Drug Problem
_____ Potential Drug Problem
_____ Drug Problem
_____ In Recovery (how long? _____)
_____ Abstaining (how long? _____)

COUNSELORS EVALUATION AND RECOMMENDATIONS

Counselor evaluated client as:

_____ Social Drinker
_____ Beginning Problem Drinker
_____ Problem Drinker/Drugs

Participant Assessment:

RAP Score: Part 1: _____ Part 2: _____

Ancillary Services Recommendations:

_____ No Recommendations _____ AA _____ NA _____ MA _____ Life Ring _____ A.C.A. _____ Alanon _____ Detox
_____ Residential Treatment _____ Private Counseling
_____ Other: _____

Assessment follow up discussion:

This assessment and recommendations have been discussed with me.

Client's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

ADC-High Gain Project DUI Treatment Program

Client Name: _____

“RAP” stands for “Risk of Alcohol Problems.” If you score “Low” (most people do), it means you do not need to worry. If you score “Medium” or “High,” however, the information will be of special interest to you.

CIRCLE “Y” = Yes or “N” = No before each as it applies to you

Part 1:

- | | | | |
|-----|---|---|--|
| 1. | Y | N | I have a strong and clear faith in life. |
| 2. | Y | N | Many times I feel uneasy or blue. |
| 3. | Y | N | My home life is as happy as it should be. |
| 4. | Y | N | Some days I feel I am not my real self. |
| 5. | Y | N | I feel sorry for myself and frequently indulge in self-pity. |
| 6. | Y | N | I am moderate in my habits. |
| 7. | Y | N | I often feel guilty or apologetic without knowing why. |
| 8. | Y | N | I am pretty much like everyone else I know. |
| 9. | Y | N | Sometimes I go out of my way to avoid people I dislike. |
| 10. | Y | N | It seems to me I am going nowhere in my life. |
| 11. | Y | N | I feel there is a barrier between the world and me. |
| 12. | Y | N | My interest or enthusiasm fades quickly. |
| 13. | Y | N | I keep thinking about things, I fear. |
| 14. | Y | N | I am inclined to be serene and relaxed. |
| 15. | Y | N | I feel all alone in the world. |
| 16. | Y | N | My moods change rapidly. |

Part 2:

- | | | | |
|----|---|---|--|
| 1. | Y | N | Discussion about my drinking makes me nervous. |
| 2. | Y | N | I am a shaky and jittery person. |
| 3. | Y | N | I have trouble remembering what I do when I drink. |
| 4. | Y | N | Drinking has caused my legal, family, health, job, or social problems. |
| 5. | Y | N | I consume more alcohol than most of my friends do. |
| 6. | Y | N | I have sensation of numbness, or tingling, in my fingers or toes. |
| 7. | Y | N | I often want more drinks after the party is over. |
| 8. | Y | N | I feel guilty about my drinking. |

Part 1: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

 Low Medium High

Part 2: 0 1 2 3 4 5 6 7 8

ADC-High Gain Project

DUI Treatment Program

PART-1 _____ PART-2 _____

SAFE

LOW on Part 1, and LOW on Part 2

You do not have to worry. You are in no danger of addictive problems if you continue as you are. If life situation changes or you begin to consume more, you will want to check yourself again.

MEDIUM on Part 1, and LOW on Part 2

You show no signs whatsoever of any problems. But since you have given “risk” answers to some of the questions, it would be wise to examine yourself in relation to those statements. The willingness to develop greater maturity in these areas is good insurance. If you have made as many as six or seven “risk” answers, the caution light is signaling on your use of alcohol and other drugs.

CAUTION

LOW on Part 1, and MEDIUM on Part 2

Drinking or drug use could be risky for you. Practice strict moderation as insurance against development of problems. If you find you cannot enjoy moderation it will better quit before trouble sets in.

MEDIUM on Part 1, and MEDIUM on Part 2

This score indicates that you are a pre-alcoholic (or in early stage of drug use) It is risky for you to use alcohol or drugs to change the way you feel. You may find that you consume more than you planned to and feel worse because of it. If this continues you could become a compulsive user, eventually losing control, and growing progressively worse. You can still control your drinking or drug use if you value yourself enough to make firm rules and stick to them. If you find you cannot keep the rules, it is best to quit. See “Low-High” interpretation.

HIGH on Part 1, and LOW on Part 2

You may be susceptible to alcoholism if you drink. The higher you score on Part 1, the more important it is for you to abstain. Wise for you to get active and stay active in a self-help group. It will be a losing battle for you to handle your problems and feelings alone, but with help you can have a much more satisfying life.

DANGER

LOW on Part 1, High on Part 2

Your answers on Part 1 indicate a reasonably strong and stable person, but your answers on Part 2 indicate progressive dependence on alcohol or drugs if you use either. Physical and psychological damage could develop as time goes on if you continue to drink or take drugs. Probably moderation is not possible for you.

High on Part 2, MEDIUM on Part 2

This score indicated high susceptibility to problems with alcohol or drugs, even though you are not yet having obvious trouble. You would be wiser not to drink, at least until you straighten out the difficulties which your answers to Part 1 now indicate. Drinking or drugs can make your problems worse, but if you learn to live entirely without these chemical aids you will develop strength which will make your whole life more satisfactory.

MEDIUM on Part 1, and HIGH on Part 2

You may have had problems because of your drinking already. Your reaction to alcohol and drugs is abnormal now. Can you take one or two and quit? Your wisest limit is none.

HIGH on Part 1, and HIGH on Part 2

Alcohol for you is a dangerous drug affecting your physical and emotional health. Your answers show that most of your difficulties are related directly to dependence on alcohol or other drugs. Every department of your life will be better when you break that dependence. And you can. Help is available. The decision to get it is yours.

ADC-High Gain Project DUI Treatment Program

[illegible]

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

Intake Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

Exit Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

ADC-High Gain Project
DUI Treatment Program
First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

ADC-High Gain Project DUI Treatment Program

Client Intake Information

Date: _____

Client name: _____ Phone #: _____

Date of Birth: _____ Age: _____

Driver's License #: _____

Mailing Address: _____
Street Address Apt. # City State Zip

Court Information:

Name of Court: _____

City: _____ State: _____ Zip: _____

Court Case #: _____ Court Due Date: _____



A Public Service Agency

Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

PROGRAM PROVIDER NAME: Alcohol Drug and Council-High Gain Project			PROVIDER'S ADP LICENSE NUMBER 19-005-01-123
PARTICIPANT NAME: (LAST FIRST MIDDLE)			DRIVER LICENSE OR "X" NUMBER

PROGRAM TYPE

- ☐ Education Only (23140 CVC Conviction) ☐ First Offender Program 6 months
- ☐ Multiple Offender Program 18 months 30 months 18 of 30 months (IID Restriction only)

ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER	OR	ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER

I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.

DATE	PARTICIPANT'S SIGNATURE	TELEPHONE NUMBER ()
------	-------------------------	-------------------------

**ADC-High Gain Project
DUI Treatment Program**

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ADC-High Gain Project
DUI Treatment Program
Alcohol and Drug Assessment

Date of Interview: _____

General Profile

Client Name: _____ Gender: Male: _____ Female: _____ Age: _____

Employment Status

Usual employment pattern, past three years?

() Full time () Retired/disabled () Part time (regular hours) () Unemployed () Part time (irregular hours)
() In a controlled environment () Student () Unknown () Service

Do you receive a pension for disability? () Yes () No

(If employed complete the following);

Current Employer: _____ Address: _____

Salary: _____ weekly/monthly Telephone Number: _____

Family Social Relationships

1. Marital status? () Married () Remarried () Widowed () Separated () Divorced () Never Married
2. Are you related to or live with anyone who has a substance abuse problem? () Yes () No

Medical Status

1. Do you have any chronic medical problems which continue to interfere with your life? () Yes () No
If yes, specify: _____
2. Are you taking any prescribed medication on a regular basis for a physical problem? () Yes () No
If yes, specify: _____
3. Have you or are you taking any medication that is not prescribed for you? () Yes () No
If yes, specify: _____

Legal Status

1. Was this admission prompted or suggested by the criminal justice system?
(Judge, probation/parole officer, etc.) () Yes () No
2. Are you on probation or parole? () Yes () No
How many times in your life have you been charged with the following?
 1. Public intoxication? _____
 2. Driving while intoxicated? _____
3. Are you presently awaiting charges, trial, or sentence? () Yes () No

Drug/Alcohol Use

Drinking Patterns:

Daily, AM; and/or on the job	Yes _____	No _____
Weekday evening	Yes _____	No _____
Stop off after work	Yes _____	No _____
Weekend	Yes _____	No _____
Occasional Heavy	Yes _____	No _____

ADC-High Gain Project DUI Treatment Program

Related Physical Problems:

Blackouts	Yes _____	No _____
Hangovers	Yes _____	No _____
Passing Out	Yes _____	No _____
Liver Problems	Yes _____	No _____

How many times in your life have you been treated for: Alcohol abuse: _____ and/or Drug abuse: _____

How do you see yourself in relationship to alcohol/drugs?
I consider myself to be a:

ALCOHOL

_____ Social Drinker
_____ Potential Problem Drinker
_____ Alcoholic
_____ In Recovery (how long? _____)
_____ Abstaining (how long? _____)

DRUGS

_____ No Drug Problem
_____ Potential Drug Problem
_____ Drug Problem
_____ In Recovery (how long? _____)
_____ Abstaining (how long? _____)

COUNSELORS EVALUATION AND RECOMMENDATIONS

Counselor evaluated client as:

_____ Social Drinker
_____ Beginning Problem Drinker
_____ Problem Drinker/Drugs

Participant Assessment:

RAP Score: Part 1: _____ Part 2: _____

Ancillary Services Recommendations:

_____ No Recommendations _____ AA _____ NA _____ MA _____ Life Ring _____ A.C.A. _____ Alanon _____ Detox
_____ Residential Treatment _____ Private Counseling
_____ Other: _____

Assessment follow up discussion:

This assessment and recommendations have been discussed with me.

Client's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

ADC-High Gain Project DUI Treatment Program

Client Name: _____

“RAP” stands for “Risk of Alcohol Problems.” If you score “Low” (most people do), it means you do not need to worry. If you score “Medium” or “High,” however, the information will be of special interest to you.

CIRCLE “Y” = Yes or “N” = No before each as it applies to you

Part 1:

- | | | | |
|-----|---|---|--|
| 1. | Y | N | I have a strong and clear faith in life. |
| 2. | Y | N | Many times I feel uneasy or blue. |
| 3. | Y | N | My home life is as happy as it should be. |
| 4. | Y | N | Some days I feel I am not my real self. |
| 5. | Y | N | I feel sorry for myself and frequently indulge in self-pity. |
| 6. | Y | N | I am moderate in my habits. |
| 7. | Y | N | I often feel guilty or apologetic without knowing why. |
| 8. | Y | N | I am pretty much like everyone else I know. |
| 9. | Y | N | Sometimes I go out of my way to avoid people I dislike. |
| 10. | Y | N | It seems to me I am going nowhere in my life. |
| 11. | Y | N | I feel there is a barrier between the world and me. |
| 12. | Y | N | My interest or enthusiasm fades quickly. |
| 13. | Y | N | I keep thinking about things, I fear. |
| 14. | Y | N | I am inclined to be serene and relaxed. |
| 15. | Y | N | I feel all alone in the world. |
| 16. | Y | N | My moods change rapidly. |

Part 2:

- | | | | |
|----|---|---|--|
| 1. | Y | N | Discussion about my drinking makes me nervous. |
| 2. | Y | N | I am a shaky and jittery person. |
| 3. | Y | N | I have trouble remembering what I do when I drink. |
| 4. | Y | N | Drinking has caused my legal, family, health, job, or social problems. |
| 5. | Y | N | I consume more alcohol than most of my friends do. |
| 6. | Y | N | I have sensation of numbness, or tingling, in my fingers or toes. |
| 7. | Y | N | I often want more drinks after the party is over. |
| 8. | Y | N | I feel guilty about my drinking. |

Part 1:	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Low				Medium				High								

Part 2:	0	1	2	3	4	5	6	7	8
---------	---	---	---	---	---	---	---	---	---

ADC-High Gain Project

DUI Treatment Program

PART-1 _____ PART-2 _____

SAFE

LOW on Part 1, and LOW on Part 2

You do not have to worry. You are in no danger of addictive problems if you continue as you are. If life situation changes or you begin to consume more, you will want to check yourself again.

MEDIUM on Part 1, and LOW on Part 2

You show no signs whatsoever of any problems. But since you have given “risk” answers to some of the questions, it would be wise to examine yourself in relation to those statements. The willingness to develop greater maturity in these areas is good insurance. If you have made as many as six or seven “risk” answers, the caution light is signaling on your use of alcohol and other drugs.

CAUTION

LOW on Part 1, and MEDIUM on Part 2

Drinking or drug use could be risky for you. Practice strict moderation as insurance against development of problems. If you find you cannot enjoy moderation it will better quit before trouble sets in.

MEDIUM on Part 1, and MEDIUM on Part 2

This score indicates that you are a pre-alcoholic (or in early stage of drug use) It is risky for you to use alcohol or drugs to change the way you feel. You may find that you consume more than you planned to and feel worse because of it. If this continues you could become a compulsive user, eventually losing control, and growing progressively worse. You can still control your drinking or drug use if you value yourself enough to make firm rules and stick to them. If you find you cannot keep the rules, it is best to quit. See “Low-High” interpretation.

HIGH on Part 1, and LOW on Part 2

You may be susceptible to alcoholism if you drink. The higher you score on Part 1, the more important it is for you to abstain. Wise for you to get active and stay active in a self-help group. It will be a losing battle for you to handle your problems and feelings alone, but with help you can have a much more satisfying life.

DANGER

LOW on Part 1, High on Part 2

Your answers on Part 1 indicate a reasonably strong and stable person, but your answers on Part 2 indicate progressive dependence on alcohol or drugs if you use either. Physical and psychological damage could develop as time goes on if you continue to drink or take drugs. Probably moderation is not possible for you.

High on Part 2, MEDIUM on Part 2

This score indicated high susceptibility to problems with alcohol or drugs, even though you are not yet having obvious trouble. You would be wiser not to drink, at least until you straighten out the difficulties which your answers to Part 1 now indicate. Drinking or drugs can make your problems worse, but if you learn to live entirely without these chemical aids you will develop strength which will make your whole life more satisfactory.

MEDIUM on Part 1, and HIGH on Part 2

You may have had problems because of your drinking already. Your reaction to alcohol and drugs is abnormal now. Can you take one or two and quit? Your wisest limit is none.

HIGH on Part 1, and HIGH on Part 2

Alcohol for you is a dangerous drug affecting your physical and emotional health. Your answers show that most of your difficulties are related directly to dependence on alcohol or other drugs. Every department of your life will be better when you break that dependence. And you can. Help is available. The decision to get it is yours.

ADC-High Gain Project DUI Treatment Program

CLIENT ATTENDANCE RECORD											
NAME OF PARTICIPANT							CLIENT #				
DATE OF ENROLLMENT				CLASS DAY			Date of Birth:				
Court of Conviction: _____ Court Due Date: _____ Court Case #: _____ Driver's License #: _____ <input type="checkbox"/> FIRST OFFENDER <input type="checkbox"/> 3 MO <input type="checkbox"/> Ed Component 13 HRS <input type="checkbox"/> 6 MO <input type="checkbox"/> WET AND RECKLESS 13 HRS <input type="checkbox"/> 9 MO							Phone #: _____ Terminated: _____ _____ _____ Reinstated: _____ _____ _____ Notes: _____ _____ _____ _____ _____ _____ _____				
COUNSELING GROUPS				FACE TO FACE INTERVIEWS			EDUCATION CLASSES				
#	Date	Initial	Make-up	Date	Initial	Make-up	#	Date	Initial	Make-up	
1	_____	_____	_____	_____	_____	_____		_____	_____	_____	
2	_____	_____	_____	_____	_____	_____		_____	_____	_____	
3	_____	_____	_____	_____	_____	_____		_____	_____	_____	
4	_____	_____	_____	_____	_____	_____		_____	_____	_____	
5	_____	_____	_____	_____	_____	_____		_____	_____	_____	
6	_____	_____	_____	_____	_____	_____		_____	_____	_____	
7	_____	_____	_____	_____	_____	_____		_____	_____	_____	
8	_____	_____	_____	_____	_____	_____		_____	_____	_____	
9	_____	_____	_____	_____	_____	_____		_____	_____	_____	
10	_____	_____	_____	_____	_____	_____		_____	_____	_____	
11	_____	_____	_____	_____	_____	_____					
12	_____	_____	_____	_____	_____	_____					
13	_____	_____	_____	_____	_____	_____					
14	_____	_____	_____	_____	_____	_____					
15	_____	_____	_____	_____	_____	_____					
16	_____	_____	_____	_____	_____	_____					
17	_____	_____	_____	_____	_____	_____					
18	_____	_____	_____	_____	_____	_____					
19	_____	_____	_____	_____	_____	_____		_____	_____	_____	
20	_____	_____	_____	_____	_____	_____		_____	_____	_____	
21	_____	_____	_____	_____	_____	_____		_____	_____	_____	
22	_____	_____	_____	_____	_____	_____		_____	_____	_____	
23	_____	_____	_____	_____	_____	_____		_____	_____	_____	
24	_____	_____	_____	_____	_____	_____		_____	_____	_____	
25	_____	_____	_____	_____	_____	_____		_____	_____	_____	
26	_____	_____	_____	_____	_____	_____		_____	_____	_____	

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

Intake Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

Additional Notes: _____

ADC-High Gain Project

DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
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4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

Exit Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

ADC-High Gain Project
DUI Treatment Program
First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

ADC-High Gain Project DUI Treatment Program

First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

ADC-High Gain Project DUI Treatment Program

First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive

Additional Notes: _____

ADC-High Gain Project DUI Treatment Program

Client Intake Information

Date: _____

Client name: _____ Phone #: _____

Date of Birth: _____ Age: _____

Driver's License #: _____

Mailing Address: _____
Street Address Apt. # City State Zip

Court Information:

Name of Court: _____

City: _____ State: _____ Zip: _____

Court Case #: _____ Court Due Date: _____



A Public Service Agency

Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

PROGRAM PROVIDER NAME: Alcohol Drug and Council-High Gain Project			PROVIDER'S ADP LICENSE NUMBER 19-005-01-123
PARTICIPANT NAME: (LAST FIRST MIDDLE)			DIRECTOR LICENSE OR "X" NUMBER

PROGRAM TYPE

- ☐ Education Only (23140 CVC Conviction) ☐ First Offender Program 9 months
- ☐ Multiple Offender Program 18 months 30 months 18 of 30 months (IID Restriction only)

ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER	OR	ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER

I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.

DATE	PARTICIPANT'S SIGNATURE	TELEPHONE NUMBER ()
------	-------------------------	-------------------------

ADC-High Gain Project DUI Treatment Program

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ADC-High Gain Project
DUI Treatment Program
Alcohol and Drug Assessment

Date of Interview: _____

General Profile

Client Name: _____ Gender: Male: _____ Female: _____ Age: _____

Employment Status

Usual employment pattern, past three years?

() Full time () Retired/disabled () Part time (regular hours) () Unemployed () Part time (irregular hours)
() In a controlled environment () Student () Unknown () Service

Do you receive a pension for disability? () Yes () No

(If employed complete the following);

Current Employer: _____ Address: _____

Salary: _____ weekly/monthly Telephone Number: _____

Family Social Relationships

1. Marital status? () Married () Remarried () Widowed () Separated () Divorced () Never Married
2. Are you related to or live with anyone who has a substance abuse problem? () Yes () No

Medical Status

1. Do you have any chronic medical problems which continue to interfere with your life? () Yes () No
If yes, specify: _____
2. Are you taking any prescribed medication on a regular basis for a physical problem? () Yes () No
If yes, specify: _____
3. Have you or are you taking any medication that is not prescribed for you? () Yes () No
If yes, specify: _____

Legal Status

1. Was this admission prompted or suggested by the criminal justice system?
(Judge, probation/parole officer, etc.) () Yes () No
2. Are you on probation or parole? () Yes () No
How many times in your life have you been charged with the following?
 1. Public intoxication? _____
 2. Driving while intoxicated? _____
3. Are you presently awaiting charges, trial, or sentence? () Yes () No

Drug/Alcohol Use

Drinking Patterns:

Daily, AM; and/or on the job	Yes _____	No _____
Weekday evening	Yes _____	No _____
Stop off after work	Yes _____	No _____
Weekend	Yes _____	No _____
Occasional Heavy	Yes _____	No _____

ADC-High Gain Project DUI Treatment Program

Related Physical Problems:

Blackouts	Yes _____	No _____
Hangovers	Yes _____	No _____
Passing Out	Yes _____	No _____
Liver Problems	Yes _____	No _____

How many times in your life have you been treated for: Alcohol abuse: _____ and/or Drug abuse: _____

How do you see yourself in relationship to alcohol/drugs?
I consider myself to be a:

ALCOHOL

_____ Social Drinker
_____ Potential Problem Drinker
_____ Alcoholic
_____ In Recovery (how long? _____)
_____ Abstaining (how long? _____)

DRUGS

_____ No Drug Problem
_____ Potential Drug Problem
_____ Drug Problem
_____ In Recovery (how long? _____)
_____ Abstaining (how long? _____)

COUNSELORS EVALUATION AND RECOMMENDATIONS

Counselor evaluated client as:

_____ Social Drinker
_____ Beginning Problem Drinker
_____ Problem Drinker/Drugs

=====

Participant Assessment:

RAP Score: Part 1: _____ Part 2: _____

=====

Ancillary Services Recommendations:

_____ No Recommendations _____ AA _____ NA _____ MA _____ Life Ring _____ A.C.A. _____ Alanon _____ Detox
_____ Residential Treatment _____ Private Counseling
_____ Other: _____

Assessment follow up discussion:

This assessment and recommendations have been discussed with me.

Client's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

ADC-High Gain Project DUI Treatment Program

Client Name: _____

“RAP” stands for “Risk of Alcohol Problems.” If you score “Low” (most people do), it means you do not need to worry. If you score “Medium” or “High,” however, the information will be of special interest to you.

CIRCLE “Y” = Yes or “N” = No before each as it applies to you

Part 1:

- | | | | |
|-----|---|---|--|
| 1. | Y | N | I have a strong and clear faith in life. |
| 2. | Y | N | Many times I feel uneasy or blue. |
| 3. | Y | N | My home life is as happy as it should be. |
| 4. | Y | N | Some days I feel I am not my real self. |
| 5. | Y | N | I feel sorry for myself and frequently indulge in self-pity. |
| 6. | Y | N | I am moderate in my habits. |
| 7. | Y | N | I often feel guilty or apologetic without knowing why. |
| 8. | Y | N | I am pretty much like everyone else I know. |
| 9. | Y | N | Sometimes I go out of my way to avoid people I dislike. |
| 10. | Y | N | It seems to me I am going nowhere in my life. |
| 11. | Y | N | I feel there is a barrier between the world and me. |
| 12. | Y | N | My interest or enthusiasm fades quickly. |
| 13. | Y | N | I keep thinking about things, I fear. |
| 14. | Y | N | I am inclined to be serene and relaxed. |
| 15. | Y | N | I feel all alone in the world. |
| 16. | Y | N | My moods change rapidly. |

Part 2:

- | | | | |
|----|---|---|--|
| 1. | Y | N | Discussion about my drinking makes me nervous. |
| 2. | Y | N | I am a shaky and jittery person. |
| 3. | Y | N | I have trouble remembering what I do when I drink. |
| 4. | Y | N | Drinking has caused my legal, family, health, job, or social problems. |
| 5. | Y | N | I consume more alcohol than most of my friends do. |
| 6. | Y | N | I have sensation of numbness, or tingling, in my fingers or toes. |
| 7. | Y | N | I often want more drinks after the party is over. |
| 8. | Y | N | I feel guilty about my drinking. |

Part 1:	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Low					Medium					High						

Part 2:	0	1	2	3	4	5	6	7	8
---------	---	---	---	---	---	---	---	---	---

ADC-High Gain Project

DUI Treatment Program

PART-1 _____ PART-2 _____

SAFE

LOW on Part 1, and LOW on Part 2

You do not have to worry. You are in no danger of addictive problems if you continue as you are. If life situation changes or you begin to consume more, you will want to check yourself again.

MEDIUM on Part 1, and LOW on Part 2

You show no signs whatsoever of any problems. But since you have given “risk” answers to some of the questions, it would be wise to examine yourself in relation to those statements. The willingness to develop greater maturity in these areas is good insurance. If you have made as many as six or seven “risk” answers, the caution light is signaling on your use of alcohol and other drugs.

CAUTION

LOW on Part 1, and MEDIUM on Part 2

Drinking or drug use could be risky for you. Practice strict moderation as insurance against development of problems. If you find you cannot enjoy moderation it will better quit before trouble sets in.

MEDIUM on Part 1, and MEDIUM on Part 2

This score indicates that you are a pre-alcoholic (or in early stage of drug use) It is risky for you to use alcohol or drugs to change the way you feel. You may find that you consume more than you planned to and feel worse because of it. If this continues you could become a compulsive user, eventually losing control, and growing progressively worse. You can still control your drinking or drug use if you value yourself enough to make firm rules and stick to them. If you find you cannot keep the rules, it is best to quit. See “Low-High” interpretation.

HIGH on Part 1, and LOW on Part 2

You may be susceptible to alcoholism if you drink. The higher you score on Part 1, the more important it is for you to abstain. Wise for you to get active and stay active in a self-help group. It will be a losing battle for you to handle your problems and feelings alone, but with help you can have a much more satisfying life.

DANGER

LOW on Part 1, High on Part 2

Your answers on Part 1 indicate a reasonably strong and stable person, but your answers on Part 2 indicate progressive dependence on alcohol or drugs if you use either. Physical and psychological damage could develop as time goes on if you continue to drink or take drugs. Probably moderation is not possible for you.

High on Part 2, MEDIUM on Part 2

This score indicated high susceptibility to problems with alcohol or drugs, even though you are not yet having obvious trouble. You would be wiser not to drink, at least until you straighten out the difficulties which your answers to Part 1 now indicate. Drinking or drugs can make your problems worse, but if you learn to live entirely without these chemical aids you will develop strength which will make your whole life more satisfactory.

MEDIUM on Part 1, and HIGH on Part 2

You may have had problems because of your drinking already. Your reaction to alcohol and drugs is abnormal now. Can you take one or two and quit? Your wisest limit is none.

HIGH on Part 1, and HIGH on Part 2

Alcohol for you is a dangerous drug affecting your physical and emotional health. Your answers show that most of your difficulties are related directly to dependence on alcohol or other drugs. Every department of your life will be better when you break that dependence. And you can. Help is available. The decision to get it is yours.

ADC-High Gain Project DUI Treatment Program

CLIENT ATTENDANCE RECORD									
NAME OF PARTICIPANT						CLIENT #			
DATE OF ENROLLMENT			CLASS DAY			Date of Birth:			
Court of Conviction: <hr/> Court Due Date: _____ Court Case #: _____ Driver's License #: _____ <input type="checkbox"/> FIRST OFFENDER <input type="checkbox"/> 3 MO <input type="checkbox"/> Ed Component 13 HRS <input type="checkbox"/> 6 MO <input type="checkbox"/> WET AND RECKLESS 13 HRS <input type="checkbox"/> 9 MO						Phone #: <hr/> Terminated: _____ _____ Reinstated: _____ _____ _____ _____ Notes: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
COUNSELING GROUPS			FACE TO FACE INTERVIEWS			EDUCATION CLASSES			
#	Date	Initial	Make-up	Date	Initial	Make-up	Date	Initial	Make-up
1	_____	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____	_____	LEAVE OF ABSENCE _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		
18	_____	_____	_____	_____	_____	_____			
19	_____	_____	_____	_____	_____	_____			
20	_____	_____	_____	_____	_____	_____			
21	_____	_____	_____	_____	_____	_____			
22	_____	_____	_____	_____	_____	_____			
23	_____	_____	_____	_____	_____	_____			
24	_____	_____	_____	_____	_____	_____			
25	_____	_____	_____	_____	_____	_____			
26	_____	_____	_____	_____	_____	_____			

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

Intake Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

Additional Notes: _____

ADC-High Gain Project

DUI Treatment Program

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1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
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4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

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Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

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Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

Midpoint Interview - Date: _____ Start time: _____ End time: _____

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ADC-High Gain Project DUI Treatment Program

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Interviewer Signature: _____

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ADC-High Gain Project DUI Treatment Program

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Q3: _____

Q4: _____

Q5: _____

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Interviewer Signature: _____

Midpoint Interview - Date: _____ Start time: _____ End time: _____

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ADC-High Gain Project DUI Treatment Program

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Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

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ADC-High Gain Project DUI Treatment Program

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Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

Midpoint Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

Exit Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

ADC-High Gain Project
DUI Treatment Program
First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
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Date: _____ Counselor: _____

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ADC-High Gain Project
DUI Treatment Program
First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

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Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

ADC-High Gain Project DUI Treatment Program

First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

ADC-High Gain Project DUI Treatment Program

First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
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-------------------	-----------------------	--------------------------	-----------------	------------------

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Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

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ADC-High Gain Project DUI Treatment Program

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Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
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Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

ADC-High Gain Project DUI Treatment Program

Client Intake Information

Date: _____

Client name: _____ Phone #: _____

Date of Birth: _____ Age: _____

Driver's License #: _____

Mailing Address: _____
Street Address Apt. # City State Zip

Court Information:

Name of Court: _____

City: _____ State: _____ Zip: _____

Court Case #: _____ Court Due Date: _____



A Public Service Agency

Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

PROGRAM PROVIDER NAME: Alcohol Drug and Council-High Gain Project			PROVIDER'S ADP LICENSE NUMBER 19-005-01-123
PARTICIPANT NAME: (LAST FIRST MIDDLE)			DRIVER LICENSE OR "X" NUMBER

PROGRAM TYPE
☐ Education Only (23140 CVC Conviction) ☐ First Offender Program _____ months
☐ Multiple Offender Program ☒ 18 months ☐ 30 months ☐ 18 of 30 months (IID Restriction only)

ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER	OR	ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER

I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.

DATE	PARTICIPANT'S SIGNATURE	TELEPHONE NUMBER ()
------	-------------------------	-------------------------

**ADC-High Gain Project
DUI Treatment Program**

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ADC-High Gain Project
DUI Treatment Program
Alcohol and Drug Assessment

Date of Interview: _____

General Profile

Client Name: _____ Gender: Male: _____ Female: _____ Age: _____

Employment Status

Usual employment pattern, past three years?

() Full time () Retired/disabled () Part time (regular hours) () Unemployed () Part time (irregular hours)
() In a controlled environment () Student () Unknown () Service

Do you receive a pension for disability? () Yes () No

(If employed complete the following);

Current Employer: _____ Address: _____

Salary: _____ weekly/monthly Telephone Number: _____

Family Social Relationships

1. Marital status? () Married () Remarried () Widowed () Separated () Divorced () Never Married
2. Are you related to or live with anyone who has a substance abuse problem? () Yes () No

Medical Status

1. Do you have any chronic medical problems which continue to interfere with your life? () Yes () No
If yes, specify: _____
2. Are you taking any prescribed medication on a regular basis for a physical problem? () Yes () No
If yes, specify: _____
3. Have you or are you taking any medication that is not prescribed for you? () Yes () No
If yes, specify: _____

Legal Status

1. Was this admission prompted or suggested by the criminal justice system?
(Judge, probation/parole officer, etc.) () Yes () No
2. Are you on probation or parole? () Yes () No
How many times in your life have you been charged with the following?
 1. Public intoxication? _____
 2. Driving while intoxicated? _____
3. Are you presently awaiting charges, trial, or sentence? () Yes () No

Drug/Alcohol Use

Drinking Patterns:

Daily, AM; and/or on the job	Yes _____ No _____
Weekday evening	Yes _____ No _____
Stop off after work	Yes _____ No _____
Weekend	Yes _____ No _____
Occasional Heavy	Yes _____ No _____

ADC-High Gain Project DUI Treatment Program

Related Physical Problems:

Blackouts	Yes _____ No _____
Hangovers	Yes _____ No _____
Passing Out	Yes _____ No _____
Liver Problems	Yes _____ No _____

How many times in your life have you been treated for: Alcohol abuse: _____ and/or Drug abuse: _____

How do you see yourself in relationship to alcohol/drugs?
I consider myself to be a:

ALCOHOL

____ Social Drinker
____ Potential Problem Drinker
____ Alcoholic
____ In Recovery (how long? _____)
____ Abstaining (how long? _____)

DRUGS

____ No Drug Problem
____ Potential Drug Problem
____ Drug Problem
____ In Recovery (how long? _____)
____ Abstaining (how long? _____)

COUNSELORS EVALUATION AND RECOMMENDATIONS

Counselor evaluated client as:

____ Social Drinker
____ Beginning Problem Drinker
____ Problem Drinker/Drugs
=====

Participant Assessment:

RAP Score: Part 1: _____ Part 2: _____
=====

Ancillary Services Recommendations:

____ No Recommendations ____ AA ____ NA ____ MA ____ Life Ring ____ A.C.A. ____ Alanon ____ Detox
____ Residential Treatment ____ Private Counseling
____ Other: _____

Assessment follow up discussion:

This assessment and recommendations have been discussed with me.

Client's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

ADC-High Gain Project DUI Treatment Program

Client Name: _____

“RAP” stands for “Risk of Alcohol Problems.” If you score “Low” (most people do), it means you do not need to worry. If you score “Medium” or “High,” however, the information will be of special interest to you.

CIRCLE “Y” = Yes or “N” = No before each as it applies to you

Part 1:

- | | | | |
|-----|---|---|--|
| 1. | Y | N | I have a strong and clear faith in life. |
| 2. | Y | N | Many times I feel uneasy or blue. |
| 3. | Y | N | My home life is as happy as it should be. |
| 4. | Y | N | Some days I feel I am not my real self. |
| 5. | Y | N | I feel sorry for myself and frequently indulge in self-pity. |
| 6. | Y | N | I am moderate in my habits. |
| 7. | Y | N | I often feel guilty or apologetic without knowing why. |
| 8. | Y | N | I am pretty much like everyone else I know. |
| 9. | Y | N | Sometimes I go out of my way to avoid people I dislike. |
| 10. | Y | N | It seems to me I am going nowhere in my life. |
| 11. | Y | N | I feel there is a barrier between the world and me. |
| 12. | Y | N | My interest or enthusiasm fades quickly. |
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| 14. | Y | N | I am inclined to be serene and relaxed. |
| 15. | Y | N | I feel all alone in the world. |
| 16. | Y | N | My moods change rapidly. |

Part 2:

- | | | | |
|----|---|---|--|
| 1. | Y | N | Discussion about my drinking makes me nervous. |
| 2. | Y | N | I am a shaky and jittery person. |
| 3. | Y | N | I have trouble remembering what I do when I drink. |
| 4. | Y | N | Drinking has caused my legal, family, health, job, or social problems. |
| 5. | Y | N | I consume more alcohol than most of my friends do. |
| 6. | Y | N | I have sensation of numbness, or tingling, in my fingers or toes. |
| 7. | Y | N | I often want more drinks after the party is over. |
| 8. | Y | N | I feel guilty about my drinking. |

Part 1:	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																				
	Low				Medium						High																										
Part 2:	0					1				2				3				4				5				6				7				8			

ADC-High Gain Project DUI Treatment Program

PART-1 _____ PART-2 _____

SAFE

LOW on Part 1, and LOW on Part 2

You do not have to worry. You are in no danger of addictive problems if you continue as you are. If life situation changes or you begin to consume more, you will want to check yourself again.

MEDIUM on Part 1, and LOW on Part 2

You show no signs whatsoever of any problems. But since you have given “risk” answers to some of the questions, it would be wise to examine yourself in relation to those statements. The willingness to develop greater maturity in these areas is good insurance. If you have made as many as six or seven “risk” answers, the caution light is signaling on your use of alcohol and other drugs.

CAUTION

LOW on Part 1, and MEDIUM on Part 2

Drinking or drug use could be risky for you. Practice strict moderation as insurance against development of problems. If you find you cannot enjoy moderation it will better quit before trouble sets in.

MEDIUM on Part 1, and MEDIUM on Part 2

This score indicates that you are a pre-alcoholic (or in early stage of drug use) It is risky for you to use alcohol or drugs to change the way you feel. You may find that you consume more than you planned to and feel worse because of it. If this continues you could become a compulsive user, eventually losing control, and growing progressively worse. You can still control your drinking or drug use if you value yourself enough to make firm rules and stick to them. If you find you cannot keep the rules, it is best to quit. See “Low-High” interpretation.

HIGH on Part 1, and LOW on Part 2

You may be susceptible to alcoholism if you drink. The higher you score on Part 1, the more important it is for you to abstain. Wise for you to get active and stay active in a self-help group. It will be a losing battle for you to handle your problems and feelings alone, but with help you can have a much more satisfying life.

DANGER

LOW on Part 1, High on Part 2

Your answers on Part 1 indicate a reasonably strong and stable person, but your answers on Part 2 indicate progressive dependence on alcohol or drugs if you use either. Physical and psychological damage could develop as time goes on if you continue to drink or take drugs. Probably moderation is not possible for you.

High on Part 2, MEDIUM on Part 2

This score indicated high susceptibility to problems with alcohol or drugs, even though you are not yet having obvious trouble. You would be wiser not to drink, at least until you straighten out the difficulties which your answers to Part 1 now indicate. Drinking or drugs can make your problems worse, but if you learn to live entirely without these chemical aids you will develop strength which will make your whole life more satisfactory.

MEDIUM on Part 1, and HIGH on Part 2

You may have had problems because of your drinking already. Your reaction to alcohol and drugs is abnormal now. Can you take one or two and quit? Your wisest limit is none.

HIGH on Part 1, and HIGH on Part 2

Alcohol for you is a dangerous drug affecting your physical and emotional health. Your answers show that most of your difficulties are related directly to dependence on alcohol or other drugs. Every department of your life will be better when you break that dependence. And you can. Help is available. The decision to get it is yours.

ADC-High Gain Project DUI Treatment Program

CLIENT ATTENDANCE RECORD

NAME OF PARTICIPANT		CLIENT #
DATE OF ENROLLMENT	CLASS DAY	Date of Birth:
Court of Conviction: <hr/> Court Due Date: _____ Court Case #: _____ Driver's License #: _____ <input type="checkbox"/> MULTIPLE OFFENDER <input type="checkbox"/> 18 MONTHS <input type="checkbox"/> 30 MONTHS		Phone #: <hr/> Terminated: _____ _____ _____ Reinstated: _____ _____ _____ Notes: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

COUNSELING GROUPS				FACE TO FACE INTERVIEWS			EDUCATION CLASSES		
#	Date	Initial	Make-up	Date	Initial	Make-up	Date	Initial	Make-up
1	_____	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____			
14	_____	_____	_____	_____	_____	_____			
15	_____	_____	_____	_____	_____	_____			
16	_____	_____	_____	_____	_____	_____			
17	_____	_____	_____	_____	_____	_____			
18	_____	_____	_____	_____	_____	_____			
19	_____	_____	_____	_____	_____	_____			
20	_____	_____	_____	_____	_____	_____			
21	_____	_____	_____	_____	_____	_____			
22	_____	_____	_____	_____	_____	_____			
23	_____	_____	_____	_____	_____	_____			
24	_____	_____	_____	_____	_____	_____			
25	_____	_____	_____	_____	_____	_____			
26	_____	_____	_____	_____	_____	_____			

LEAVE OF ABSENCE

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested).

Intake Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

Additional Notes: _____

ADC-High Gain Project DUI Treatment Program Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

1 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

2 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

3 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project

DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

4 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

5 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

6 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

7 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

8 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

9 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

10 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

11 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

12 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

13 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

14 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

15 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

16 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

17 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

18 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

19 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

20 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

21 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

22 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

23 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

24 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

Treatment Program

1424 4th St. #205 Santa Monica, CA 90401 Phone: (310-451-5881) Email: highgainproject@fredkennedy.us (Rev. 10.8.2020)

**ADC-High Gain Project DUI
Treatment Program
Face to Face Interviews**

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ADC-High Gain Project DUI
Treatment Program
Face to Face Interviews

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

ADC-High Gain Project DUI Treatment Program

First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

ADC-High Gain Project DUI Treatment Program

First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

ADC-High Gain Project DUI Treatment Program

First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

ADC-High Gain Project DUI Treatment Program

First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

ADC-High Gain Project DUI Treatment Program

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive

ADC-High Gain Project DUI Treatment Program

Re-Entry Phase III

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

1 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

2 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

3 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Re-Entry Phase III

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

4 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

5 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

6 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Re-Entry Phase III

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

7 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

8 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

9 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

ADC-High Gain Project
DUI Treatment Program
Re-Entry Phase III

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

10 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

11 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

Exit Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Client Intake Information

Date: _____

Client name: _____ Phone #: _____

Date of Birth: _____ Age: _____

Driver's License #: _____

Mailing Address: _____
Street Address Apt. # City State Zip

Court Information:

Name of Court: _____

City: _____ State: _____ Zip: _____

Court Case #: _____ Court Due Date: _____



A Public Service Agency

Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

PROGRAM PROVIDER NAME: Alcohol Drug and Council-High Gain Project			PROVIDER'S ADP LICENSE NUMBER 19-005-01-123
PARTICIPANT NAME: (LAST FIRST MIDDLE)			DIVER LICENSE OR "X" NUMBER

PROGRAM TYPE

- ☐ Education Only (23140 CVC Conviction) ☐ First Offender Program _____ months
- ☐ Multiple Offender Program _____ 18 months ☒ 30 months _____ 18 of 30 months (IID Restriction only)

ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER	OR	ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER

I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.

DATE	PARTICIPANT'S SIGNATURE	TELEPHONE NUMBER ()
------	-------------------------	---------------------------

**ADC-High Gain Project
DUI Treatment Program**

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ADC-High Gain Project
DUI Treatment Program
Alcohol and Drug Assessment

Date of Interview: _____

General Profile

Client Name: _____ Gender: Male: _____ Female: _____ Age: _____

Employment Status

Usual employment pattern, past three years?

() Full time () Retired/disabled () Part time (regular hours) () Unemployed () Part time (irregular hours)
() In a controlled environment () Student () Unknown () Service

Do you receive a pension for disability? () Yes () No

(If employed complete the following);

Current Employer: _____ Address: _____

Salary: _____ weekly/monthly Telephone Number: _____

Family Social Relationships

1. Marital status? () Married () Remarried () Widowed () Separated () Divorced () Never Married
2. Are you related to or live with anyone who has a substance abuse problem? () Yes () No

Medical Status

1. Do you have any chronic medical problems which continue to interfere with your life? () Yes () No
If yes, specify: _____
2. Are you taking any prescribed medication on a regular basis for a physical problem? () Yes () No
If yes, specify: _____
3. Have you or are you taking any medication that is not prescribed for you? () Yes () No
If yes, specify: _____

Legal Status

1. Was this admission prompted or suggested by the criminal justice system?
(Judge, probation/parole officer, etc.) () Yes () No
2. Are you on probation or parole? () Yes () No
How many times in your life have you been charged with the following?
 1. Public intoxication? _____
 2. Driving while intoxicated? _____
3. Are you presently awaiting charges, trial, or sentence? () Yes () No

Drug/Alcohol Use

Drinking Patterns:

Daily, AM; and/or on the job	Yes _____	No _____
Weekday evening	Yes _____	No _____
Stop off after work	Yes _____	No _____
Weekend	Yes _____	No _____
Occasional Heavy	Yes _____	No _____

ADC-High Gain Project DUI Treatment Program

Related Physical Problems:

Blackouts	Yes _____	No _____
Hangovers	Yes _____	No _____
Passing Out	Yes _____	No _____
Liver Problems	Yes _____	No _____

How many times in your life have you been treated for: Alcohol abuse: _____ and/or Drug abuse: _____

How do you see yourself in relationship to alcohol/drugs?

I consider myself to be a:

ALCOHOL

____ Social Drinker
____ Potential Problem Drinker
____ Alcoholic
____ In Recovery (how long? _____)
____ Abstaining (how long? _____)

DRUGS

____ No Drug Problem
____ Potential Drug Problem
____ Drug Problem
____ In Recovery (how long? _____)
____ Abstaining (how long? _____)

COUNSELORS EVALUATION AND RECOMMENDATIONS

Counselor evaluated client as:

____ Social Drinker
____ Beginning Problem Drinker
____ Problem Drinker/Drugs

Participant Assessment:

RAP Score: Part 1: _____ Part 2: _____

Ancillary Services Recommendations:

____ No Recommendations ____ AA ____ NA ____ MA ____ Life Ring ____ A.C.A. ____ Alanon ____ Detox
____ Residential Treatment ____ Private Counseling
____ Other: _____

Assessment follow up discussion:

This assessment and recommendations have been discussed with me.

Client's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

ADC-High Gain Project DUI Treatment Program

Client Name: _____

“RAP” stands for “Risk of Alcohol Problems.” If you score “Low” (most people do), it means you do not need to worry. If you score “Medium” or “High,” however, the information will be of special interest to you.

CIRCLE “Y” = Yes or “N” = No before each as it applies to you

Part 1:

- | | | | |
|-----|---|---|--|
| 1. | Y | N | I have a strong and clear faith in life. |
| 2. | Y | N | Many times I feel uneasy or blue. |
| 3. | Y | N | My home life is as happy as it should be. |
| 4. | Y | N | Some days I feel I am not my real self. |
| 5. | Y | N | I feel sorry for myself and frequently indulge in self-pity. |
| 6. | Y | N | I am moderate in my habits. |
| 7. | Y | N | I often feel guilty or apologetic without knowing why. |
| 8. | Y | N | I am pretty much like everyone else I know. |
| 9. | Y | N | Sometimes I go out of my way to avoid people I dislike. |
| 10. | Y | N | It seems to me I am going nowhere in my life. |
| 11. | Y | N | I feel there is a barrier between the world and me. |
| 12. | Y | N | My interest or enthusiasm fades quickly. |
| 13. | Y | N | I keep thinking about things, I fear. |
| 14. | Y | N | I am inclined to be serene and relaxed. |
| 15. | Y | N | I feel all alone in the world. |
| 16. | Y | N | My moods change rapidly. |

Part 2:

- | | | | |
|----|---|---|--|
| 1. | Y | N | Discussion about my drinking makes me nervous. |
| 2. | Y | N | I am a shaky and jittery person. |
| 3. | Y | N | I have trouble remembering what I do when I drink. |
| 4. | Y | N | Drinking has caused my legal, family, health, job, or social problems. |
| 5. | Y | N | I consume more alcohol than most of my friends do. |
| 6. | Y | N | I have sensation of numbness, or tingling, in my fingers or toes. |
| 7. | Y | N | I often want more drinks after the party is over. |
| 8. | Y | N | I feel guilty about my drinking. |

Part 1:	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Low				Medium				High								

Part 2:	0	1	2	3	4	5	6	7	8
---------	---	---	---	---	---	---	---	---	---

ADC-High Gain Project DUI Treatment Program

PART-1 _____ PART-2 _____

SAFE

LOW on Part 1, and LOW on Part 2

You do not have to worry. You are in no danger of addictive problems if you continue as you are. If life situation changes or you begin to consume more, you will want to check yourself again.

MEDIUM on Part 1, and LOW on Part 2

You show no signs whatsoever of any problems. But since you have given “risk” answers to some of the questions, it would be wise to examine yourself in relation to those statements. The willingness to develop greater maturity in these areas is good insurance. If you have made as many as six or seven “risk” answers, the caution light is signaling on your use of alcohol and other drugs.

CAUTION

LOW on Part 1, and MEDIUM on Part 2

Drinking or drug use could be risky for you. Practice strict moderation as insurance against development of problems. If you find you cannot enjoy moderation it will better quit before trouble sets in.

MEDIUM on Part 1, and MEDIUM on Part 2

This score indicates that you are a pre-alcoholic (or in early stage of drug use) It is risky for you to use alcohol or drugs to change the way you feel. You may find that you consume more than you planned to and feel worse because of it. If this continues you could become a compulsive user, eventually losing control, and growing progressively worse. You can still control your drinking or drug use if you value yourself enough to make firm rules and stick to them. If you find you cannot keep the rules, it is best to quit. See “Low-High” interpretation.

HIGH on Part 1, and LOW on Part 2

You may be susceptible to alcoholism if you drink. The higher you score on Part 1, the more important it is for you to abstain. Wise for you to get active and stay active in a self-help group. It will be a losing battle for you to handle your problems and feelings alone, but with help you can have a much more satisfying life.

DANGER

LOW on Part 1, High on Part 2

Your answers on Part 1 indicate a reasonably strong and stable person, but your answers on Part 2 indicate progressive dependence on alcohol or drugs if you use either. Physical and psychological damage could develop as time goes on if you continue to drink or take drugs. Probably moderation is not possible for you.

High on Part 2, MEDIUM on Part 2

This score indicated high susceptibility to problems with alcohol or drugs, even though you are not yet having obvious trouble. You would be wiser not to drink, at least until you straighten out the difficulties which your answers to Part 1 now indicate. Drinking or drugs can make your problems worse, but if you learn to live entirely without these chemical aids you will develop strength which will make your whole life more satisfactory.

MEDIUM on Part 1, and HIGH on Part 2

You may have had problems because of your drinking already. Your reaction to alcohol and drugs is abnormal now. Can you take one or two and quit? Your wisest limit is none.

HIGH on Part 1, and HIGH on Part 2

Alcohol for you is a dangerous drug affecting your physical and emotional health. Your answers show that most of your difficulties are related directly to dependence on alcohol or other drugs. Every department of your life will be better when you break that dependence. And you can. Help is available. The decision to get it is yours.

ADC-High Gain Project DUI Treatment Program

CLIENT ATTENDANCE RECORD											
NAME OF PARTICIPANT							CLIENT #				
DATE OF ENROLLMENT				CLASS DAY			Date of Birth:				
Court of Conviction: <hr/> Court Due Date: _____ Court Case #: _____ Driver's License #: _____ <input type="checkbox"/> MULTIPLE OFFENDER <input type="checkbox"/> 18 MO <input type="checkbox"/> 30 MO							Phone #: <hr/> Terminated: _____ _____ _____ Reinstated: _____ _____ _____ Notes: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
COUNSELING GROUPS				FACE TO FACE INTERVIEWS			EDUCATION CLASSES				
#	Date	Initial	Make-up	Date	Initial	Make-up	#	Date	Initial	Make-up	
1	_____	_____	_____	_____	_____	_____		_____	_____	_____	
2	_____	_____	_____	_____	_____	_____		_____	_____	_____	
3	_____	_____	_____	_____	_____	_____		_____	_____	_____	
4	_____	_____	_____	_____	_____	_____		_____	_____	_____	
5	_____	_____	_____	_____	_____	_____		_____	_____	_____	
6	_____	_____	_____	_____	_____	_____		_____	_____	_____	
7	_____	_____	_____	_____	_____	_____		_____	_____	_____	
8	_____	_____	_____	_____	_____	_____		_____	_____	_____	
9	_____	_____	_____	_____	_____	_____		_____	_____	_____	
10	_____	_____	_____	_____	_____	_____		_____	_____	_____	
11	_____	_____	_____	_____	_____	_____					
12	_____	_____	_____	_____	_____	_____					
13	_____	_____	_____	_____	_____	_____					
14	_____	_____	_____	_____	_____	_____					
15	_____	_____	_____	_____	_____	_____					
16	_____	_____	_____	_____	_____	_____					
17	_____	_____	_____	_____	_____	_____					
18	_____	_____	_____	_____	_____	_____					
19	_____	_____	_____	_____	_____	_____		_____	_____	_____	
20	_____	_____	_____	_____	_____	_____		_____	_____	_____	
21	_____	_____	_____	_____	_____	_____		_____	_____	_____	
22	_____	_____	_____	_____	_____	_____		_____	_____	_____	
23	_____	_____	_____	_____	_____	_____		_____	_____	_____	
24	_____	_____	_____	_____	_____	_____		_____	_____	_____	
25	_____	_____	_____	_____	_____	_____		_____	_____	_____	
26	_____	_____	_____	_____	_____	_____		_____	_____	_____	

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

Intake Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

Additional Notes: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

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3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

1 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

2 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

3 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
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3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

4 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

5 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

6 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

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1. Program schedule, absences, make-ups, etc.
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3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

7 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

8 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

9 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

10 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

11 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

12 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

13 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

14 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

15 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

16 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

17 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

18 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

19 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

20 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

21 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
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3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

22 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

23 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

24 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

25 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

26 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

27 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

28 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

29 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

30 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

31 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

32 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

33 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

34 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

35 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

36 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

37 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

38 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

ADC-High Gain Project
DUI Treatment Program
First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

Date: _____ Counselor: _____

Session Behavior:	Involved	Objective	Anxious	Angry
	Resistant	Cooperative	Open	Hostile

Client Participation:	Involved	Spontaneous	Closed	Active
	Denial	Defensive	Honest	Passive

ADC-High Gain Project DUI Treatment Program

First Offender Group Notes

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
-------------------	-----------------------	--------------------------	-----------------	------------------

Client Participation:	Involved Denial	Spontaneous Defensive	Closed Honest	Active Passive
-----------------------	--------------------	--------------------------	------------------	-------------------

Date: _____ Counselor: _____

Session Behavior:	Involved Resistant	Objective Cooperative	Anxious Open	Angry Hostile
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ADC-High Gain Project DUI Treatment Program

First Offender Group Notes

Date: _____ Counselor: _____

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ADC-High Gain Project DUI Treatment Program

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ADC-High Gain Project DUI Treatment Program

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ADC-High Gain Project DUI Treatment Program

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ADC-High Gain Project DUI Treatment Program

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ADC-High Gain Project DUI Treatment Program

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ADC-High Gain Project DUI Treatment Program Re-Entry Phase II

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

1 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

2 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

3 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program Re-Entry Phase II

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

4 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

5 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

6 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments: _____

Interviewer Signature: _____

ADC-High Gain Project
DUI Treatment Program
Re-Entry Phase II

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

7 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

8 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

9 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program Re-Entry Phase II

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

10 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

11 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

12 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project
DUI Treatment Program
Re-Entry Phase II

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

13 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

14 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

15 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

**ADC-High Gain Project
DUI Treatment Program
Re-Entry Phase II**

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

16 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

17 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

18 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project
DUI Treatment Program
Re-Entry Phase II

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

19 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

20 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

21 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project
DUI Treatment Program
Re-Entry Phase II

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

22 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

23 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

24 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project
DUI Treatment Program
Re-Entry Phase II

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

25 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

26 Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

Exit Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:

Interviewer Signature: _____

ADC-High Gain Project DUI Treatment Program

Client Intake Information

Date: _____

Client name: _____ Phone #: _____

Date of Birth: _____ Age: _____

Driver's License #: _____

Mailing Address: _____
Street Address Apt. # City State Zip

Court Information:

Name of Court: _____

City: _____ State: _____ Zip: _____

Court Case #: _____ Court Due Date: _____



A Public Service Agency

Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

PROGRAM PROVIDER NAME: Alcohol Drug and Council-High Gain Project			PROVIDER'S ADP LICENSE NUMBER 19-005-01-123
PARTICIPANT NAME: (LAST FIRST MIDDLE)			DRIVER LICENSE OR "X" NUMBER

PROGRAM TYPE

- ☐ Education Only (23140 CVC Conviction) ☐ First Offender Program _____ months
☐ Multiple Offender Program _____ 18 months _____ 30 months _____ 18 of 30 months (IID Restriction only)

ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER	OR	ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER

I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.

DATE	PARTICIPANT'S SIGNATURE	TELEPHONE NUMBER ()
------	-------------------------	-------------------------

ADC-High Gain Project DUI Treatment Program

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ADC-High Gain Project DUI Treatment Program

Alcohol and Drug Assessment

Date of Interview: _____

General Profile

Client Name: _____ Gender: Male: _____ Female: _____ Age: _____

Employment Status

Usual employment pattern, past three years?

() Full time () Retired/disabled () Part time (regular hours) () Unemployed () Part time (irregular hours)
() In a controlled environment () Student () Unknown () Service

Do you receive a pension for disability? () Yes () No

(If employed complete the following);

Current Employer: _____ Address: _____

Salary: _____ weekly/monthly Telephone Number: _____

Family Social Relationships

1. Marital status? () Married () Remarried () Widowed () Separated () Divorced () Never Married
2. Are you related to or live with anyone who has a substance abuse problem? () Yes () No

Medical Status

1. Do you have any chronic medical problems which continue to interfere with your life? () Yes () No
If yes, specify: _____
2. Are you taking any prescribed medication on a regular basis for a physical problem? () Yes () No
If yes, specify: _____
3. Have you or are you taking any medication that is not prescribed for you? () Yes () No
If yes, specify: _____

Legal Status

1. Was this admission prompted or suggested by the criminal justice system?
(Judge, probation/parole officer, etc.) () Yes () No
2. Are you on probation or parole? () Yes () No
How many times in your life have you been charged with the following?
 1. Public intoxication? _____
 2. Driving while intoxicated? _____
3. Are you presently awaiting charges, trial, or sentence? () Yes () No

Drug/Alcohol Use

Drinking Patterns:

Daily, AM; and/or on the job	Yes_____	No_____
Weekday evening	Yes_____	No_____
Stop off after work	Yes_____	No_____
Weekend	Yes_____	No_____
Occasional Heavy	Yes_____	No_____

ADC-High Gain Project DUI Treatment Program

Related Physical Problems:

Blackouts	Yes _____	No _____
Hangovers	Yes _____	No _____
Passing Out	Yes _____	No _____
Liver Problems	Yes _____	No _____

How many times in your life have you been treated for: Alcohol abuse: _____ and/or Drug abuse: _____

How do you see yourself in relationship to alcohol/drugs?

I consider myself to be a:

ALCOHOL

_____ Social Drinker
_____ Potential Problem Drinker
_____ Alcoholic
_____ In Recovery (how long? _____)
_____ Abstaining (how long? _____)

DRUGS

_____ No Drug Problem
_____ Potential Drug Problem
_____ Drug Problem
_____ In Recovery (how long? _____)
_____ Abstaining (how long? _____)

COUNSELORS EVALUATION AND RECOMMENDATIONS

Counselor evaluated client as:

_____ Social Drinker
_____ Beginning Problem Drinker
_____ Problem Drinker/Drugs

Participant Assessment:

RAP Score: Part 1: _____ Part 2: _____

Ancillary Services Recommendations:

_____ No Recommendations _____ AA _____ NA _____ MA _____ Life Ring _____ A.C.A. _____ Alanon _____ Detox
_____ Residential Treatment _____ Private Counseling
_____ Other: _____

Assessment follow up discussion:

This assessment and recommendations have been discussed with me.

Client's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

ADC-High Gain Project DUI Treatment Program

Client Name: _____

“RAP” stands for “Risk of Alcohol Problems.” If you score “Low” (most people do), it means you do not need to worry. If you score “Medium” or “High,” however, the information will be of special interest to you.

CIRCLE “Y” = Yes or “N” = No before each as it applies to you

Part 1:

- | | | | |
|-----|---|---|--|
| 1. | Y | N | I have a strong and clear faith in life. |
| 2. | Y | N | Many times I feel uneasy or blue. |
| 3. | Y | N | My home life is as happy as it should be. |
| 4. | Y | N | Some days I feel I am not my real self. |
| 5. | Y | N | I feel sorry for myself and frequently indulge in self-pity. |
| 6. | Y | N | I am moderate in my habits. |
| 7. | Y | N | I often feel guilty or apologetic without knowing why. |
| 8. | Y | N | I am pretty much like everyone else I know. |
| 9. | Y | N | Sometimes I go out of my way to avoid people I dislike. |
| 10. | Y | N | It seems to me I am going nowhere in my life. |
| 11. | Y | N | I feel there is a barrier between the world and me. |
| 12. | Y | N | My interest or enthusiasm fades quickly. |
| 13. | Y | N | I keep thinking about things, I fear. |
| 14. | Y | N | I am inclined to be serene and relaxed. |
| 15. | Y | N | I feel all alone in the world. |
| 16. | Y | N | My moods change rapidly. |

Part 2:

- | | | | |
|----|---|---|--|
| 1. | Y | N | Discussion about my drinking makes me nervous. |
| 2. | Y | N | I am a shaky and jittery person. |
| 3. | Y | N | I have trouble remembering what I do when I drink. |
| 4. | Y | N | Drinking has caused my legal, family, health, job, or social problems. |
| 5. | Y | N | I consume more alcohol than most of my friends do. |
| 6. | Y | N | I have sensation of numbness, or tingling, in my fingers or toes. |
| 7. | Y | N | I often want more drinks after the party is over. |
| 8. | Y | N | I feel guilty about my drinking. |

Part 1:	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Low					Medium					High						

Part 2:	0	1	2	3	4	5	6	7	8
---------	---	---	---	---	---	---	---	---	---

ADC-High Gain Project DUI Treatment Program

PART-1 _____ PART-2 _____

SAFE

LOW on Part 1, and LOW on Part 2

You do not have to worry. You are in no danger of addictive problems if you continue as you are. If life situation changes or you begin to consume more, you will want to check yourself again.

MEDIUM on Part 1, and LOW on Part 2

You show no signs whatsoever of any problems. But since you have given “risk” answers to some of the questions, it would be wise to examine yourself in relation to those statements. The willingness to develop greater maturity in these areas is good insurance. If you have made as many as six or seven “risk” answers, the caution light is signaling on your use of alcohol and other drugs.

CAUTION

LOW on Part 1, and MEDIUM on Part 2

Drinking or drug use could be risky for you. Practice strict moderation as insurance against development of problems. If you find you cannot enjoy moderation it will better quit before trouble sets in.

MEDIUM on Part 1, and MEDIUM on Part 2

This score indicates that you are a pre-alcoholic (or in early stage of drug use) It is risky for you to use alcohol or drugs to change the way you feel. You may find that you consume more than you planned to and feel worse because of it. If this continues you could become a compulsive user, eventually losing control, and growing progressively worse. You can still control your drinking or drug use if you value yourself enough to make firm rules and stick to them. If you find you cannot keep the rules, it is best to quit. See “Low-High” interpretation.

HIGH on Part 1, and LOW on Part 2

You may be susceptible to alcoholism if you drink. The higher you score on Part 1, the more important it is for you to abstain. Wise for you to get active and stay active in a self-help group. It will be a losing battle for you to handle your problems and feelings alone, but with help you can have a much more satisfying life.

DANGER

LOW on Part 1, High on Part 2

Your answers on Part 1 indicate a reasonably strong and stable person, but your answers on Part 2 indicate progressive dependence on alcohol or drugs if you use either. Physical and psychological damage could develop as time goes on if you continue to drink or take drugs. Probably moderation is not possible for you.

High on Part 2, MEDIUM on Part 2

This score indicated high susceptibility to problems with alcohol or drugs, even though you are not yet having obvious trouble. You would be wiser not to drink, at least until you straighten out the difficulties which your answers to Part 1 now indicate. Drinking or drugs can make your problems worse, but if you learn to live entirely without these chemical aids you will develop strength which will make your whole life more satisfactory.

MEDIUM on Part 1, and HIGH on Part 2

You may have had problems because of your drinking already. Your reaction to alcohol and drugs is abnormal now. Can you take one or two and quit? Your wisest limit is none.

HIGH on Part 1, and HIGH on Part 2

Alcohol for you is a dangerous drug affecting your physical and emotional health. Your answers show that most of your difficulties are related directly to dependence on alcohol or other drugs. Every department of your life will be better when you break that dependence. And you can. Help is available. The decision to get it is yours.

ADC-High Gain Project DUI Treatment Program

[illegible]

ADC-High Gain Project DUI Treatment Program

Face to Face Interviews

Issues to be discussed with client at each interview:

1. Program schedule, absences, make-ups, etc.
2. Payments and any need for financial assessment.
3. Any problems which may be barriers to program completion.
4. Progress in program activities and any increased awareness in alcohol/drug related problems.
5. The participant's need for ancillary services (if requested.)

Exit Interview - Date: _____ Start time: _____ End time: _____

Q1: _____

Q2: _____

Q3: _____

Q4: _____

Q5: _____

Comments:


Interviewer Signature: _____

Additional Notes: _____



Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

PROGRAM PROVIDER NAME: Alcohol Drug Council- High Gain Project			PROVIDER'S ADP LICENSE NUMBER 19-031-05-123
PARTICIPANT NAME: (LAST FIRST MIDDLE)			DRIVER LICENSE NUMBER OR "X" NUMBER
PROGRAM TYPE <input type="checkbox"/> Education Only (23140 CVC Conviction) <input type="checkbox"/> First Offender Program _____ months <input type="checkbox"/> Multiple Offender Program _____ 18 months _____ 30 months _____ 18 of 30 months (IID Restriction only)			
ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER	OR	COMPLETION DATE
			DL 101 CERTIFICATE NUMBER
<i>I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.</i>			
DATE	PARTICIPANT'S SIGNATURE 	TELEPHONE NUMBER ()	

DL 804 (REV. 1/2021)

Instructions for Completing the Participant's Certification of DUI Program Enrollment or Completion (DL-804)

This form is to be used under the following circumstances:

- When a program participant has completed all the required DUI Program components, but you are unable to immediately issue a Notice of Completion Certificate (DL 101) and capture the participant's signature on the (paper) completion certificate.
- When a program participant has completed all the required DUI program components and you are submitting an electronic Notice of Completion Certificate (DL 101) via an authorized Internet access link with the Department of Motor Vehicles (DMV).
- When a program participant has enrolled in a DUI program and you are submitting an electronic Proof of Enrollment Certificate (DL 107) via an authorized Internet access link with the DMV.

This form captures the participant's signature, which certifies under penalty of perjury that the participant has either enrolled in a DUI program or completed the required DUI program. This signature would normally be on the DL 101 or DL 107, but in the above circumstances you may not be able to capture the participant's signature on the certificate.

Please, ensure that the information on this form is consistent with the information on the Proof of Enrollment Certificate (DL 107) or the Notice of Completion Certificate (DL 101) you submit for the identified participant.

You must retain this form in your office in a manner that will allow you to retrieve it by searching for the serial number of the corresponding Certificate (DL 107 or DL 101) and for the period required by Section 9866 of Title 9, California Code of Regulations.

On the printed Notice of Completion Certificate (DL 101) you submit without a participant's signature, type, or print the words "Signed DL 804 in file" in the space provided for participant's signature.

Do not submit a DL 804 to DMV unless you are requested to do so.

DL 804 (REV. 1/2021)

Alcohol Drug Council- High Gain Project

DUI Treatment Program

Request for Leave of Absence

Clients Name: _____ Date: _____ Client #: _____

SUBJECT TO APPROVAL

I am requesting a leave of absence, beginning, _____ and returning to program on _____.

For the following reason:

- | | |
|---|---|
| <input type="checkbox"/> Extended Military Duties | <input type="checkbox"/> Drug Abuse Treatment |
| <input type="checkbox"/> Work Requiring extended travel | <input type="checkbox"/> Family Emergency |
| <input type="checkbox"/> Extended Illness (self/other) | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Incarceration | <input type="checkbox"/> Personal Hardship |
| <input type="checkbox"/> Extended Medical treatment (self/other). | (Not including financial hardship). |

Explanation:

**** Appropriate documentation substantiating the need for a LOA must accompany this request.**

What steps will be taken to ensure re-entry to the program if your personal hardship LOA request for more than 2 months is granted?

Instructions to client: It will be necessary for you to contact this program at the end of your leave of absence to be assigned back into a group. We do not hold your place in the current group you have been attending.

Participant: _____ Witness: _____

Comments:

() APPROVED

() DENIED

BY: _____ DATE: _____

COMMENT:

Alcohol Drug Council- High Gain Project

DUI Treatment

Program 9876.5 Title IX

Leave of Absence

The program shall require the participant to request a leave of absence whenever the participant is unable to attend any scheduled program activities for 21 days or longer. Participants may request a leave of absence for less than 21 days.

To request a leave of the participant shall submit to the program a written request for the leave of absence, and any documentation substantiating the need for a leave of absence. The request shall specify:

- (1) The name of the participant.
- (2) The reason for requesting the leave of absence.
- (3) The dates of the requested leave of absence.
- (4) All appropriate documentation explaining reason for leave of absence.

All leave of absences requests must receive prior approval, from Program Manager, unless unable to do so due to circumstances beyond the participant's control. If participant cannot supply documentation before leave of absence is granted, participant shall explain, in writing, the circumstances that prevented the participant from requesting prior approval. The participant will bring appropriate documentation on the first activity date, once returning from leave of absence.

Leave of absence requests shall be approved only for:

- (a) Military personnel whose orders or responsibilities require an extended absence.
- (b) Participants whose work requires travel for an extended period of time.
- (c) Participants, who due to work scheduling conflict, could not be present for scheduled activity.
- (d) Participants, who are absent due to their own illness, or medical treatment, or that of a family member.
- (e) Participants who cannot participate due to an extreme personal hardship or family emergency.
- (f) Participants who have requested a leave of absence for a vacation.

This requested leave of absence shall be granted only if the participant has made up all previous absences and paid all outstanding fees prior to the requested leave of absence.

- (g) Prior to completion, the program shall require the participant to makeup all scheduled program activities missed while on a leave of absence.

TIME MISSED WHILE ON LEAVE OF ABSENCE SHALL NOT BE COUNTED AS PARTICIPATION TIME. PARTICIPANT TIME WILL THEN BE EXTENDED. IF NEEDED, THE PARTICIPANT WILL NEED TO CONTACT THEIR COURT TO REQUEST AN EXTENSION FOR THE REMAINING OF THEIR PROGRAM.

Alcohol Drug Council- High Gain Project

1424 4th Street Suite 205 Santa Monica, CA 90401

Phone: (310) 451-5881 Fax: (310) 576-0945

REQUEST FOR FINANCIAL ASSESSMENT

Client Name: _____

Client Number: _____

The above-named client has formally requested a financial assessment, they have an appointment for their financial assessment on:

Day/Date/Time: _____

The client has been informed verbally and by this letter that they must bring in with them one or more of the following items as documentation: A) Income tax return from prior calendar year. B) Pay vouchers or stubs from prior two months. C) Bank statements from prior two months. D) Award letter from The Department of Public Social Services, Welfare Department General Relief Assistance or other government agency documenting eligibility or other Public Assistance. If the client fails to bring in the appropriate documentation, we will not be able to proceed with the financial assessment process.

By signing below, I acknowledge that I understand when my appointment is and what documentation I must bring to proceed with the financial assessment process.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

For Office Use Only

Financial Assessment appointments must be made within five business days of the client's request. Please explain circumstances below if unable to make the appointment within five days.

Conclusion of FA appointment:

- ____ Client arrived for appointment, FA was completed, see FA form.
- ____ Client did not arrive for appointment, did not call to reschedule.
- ____ Client rescheduled appointment see new request sheet.
- ____ Client did not bring in appropriate documentation, appoint was rescheduled, see new request form.
- ____ Client did not bring in appropriate documentation, client does not want to reschedule at this time.
- ____ Other: _____

Staff Signature: _____ Date: _____

Alcohol Drug Council-High Gain Project DUI Treatment Program

CONTRACT ATTACHMENT

FEE PAYMENT AGREEMENT (With Financial Assessment)	
<p>By signing this agreement, I agree to pay the total program fee in the amount and manner determined by a financial assessment conducted in accordance with the California Code of Regulations Chapter 3, Division 4, Title 9. I also understand and agree to the condition that the Department of Motor Vehicles completion certificate for a DUI First Offender, First Offender Extended or Multiple Offender program shall not be issued until all program fees have been paid in full. I also understand that I may be terminated from this DUI program for failure to pay the program fee.</p> <p>I understand that:</p> <ol style="list-style-type: none"> 1. I am liable for the total program fee as well as any additional fees which the program is approved to assess, (missed activity, transfer, reinstatement, etc.) 2. The total program fee shall be paid within the mandated duration of participation or the extended payment plan if requested of and granted by the program. <p>I also understand that a financial assessment will be conducted:</p> <ol style="list-style-type: none"> 1. Upon my request; or 2. Every 30 days if I qualify for the General Assistant Benefit Level. <p>I am providing:</p> <div style="margin-left: 40px;"> <p>Documentation of a change in financial condition which may make me eligible for an adjustment of the program fee or payment schedule, or</p> <p>A statement communicating my need for a financial assessment for the following reason:</p> </div>	
PAYMENT SCHEDULE	
TOTAL PROGRAM FEE	\$
Down-payment	\$
BALANCE DUE	\$
<div style="text-align: center;">Circle One</div> Payment Amount (Weekly, Bi-Weekly, Monthly)	\$
<p>Payment 1 of _____ payments is due on _____ ,</p> <p>with a final payment due on <u>TBD</u> .</p> <p>(Due to numerical rounding of the payment amount, the final payment may be adjusted to be more or less than the regular payment amount.)</p>	
Signature of Participant	Date
Signature/Title of Program Representative	Date
Name of Program	License No.
Alcohol Drug Council-High Gain Project	19-031-05-123

Financial Assessment Worksheet

1. Name of Participant	2. Client Number
3. Reason for Assessment () Participant Request ()	Monthly Reassessment
4. SOURCE OF INCOME	5. AMOUNT
Gross wages, salaries, bonuses, commissions and tips	\$
Compensation for work-related expenses in excess of actual expenses	\$
Net profits for self-employment	\$
Net income from real or personal property	\$
Spousal Support	\$
Social Security	\$
Retirement	\$
Unemployment Compensation	\$
Strike benefits for union funds	\$
Workers' Compensation	\$
Veterans' Payments	\$
Educational Grants	\$
Training Stipends	\$
Public Assistance	\$
Aid to families with dependent children	\$
Supplemental social security income	\$
Emergency assistance money	\$
Non-federally funded general assistance or general relief money	\$
Other: (specify)	\$
6. TOTAL INCOME	\$
7. INCOME VERIFICATION (check all that apply)	\$
Income tax return for prior calendar year	\$
Pay vouchers or pay stubs for prior two months	\$
Bank statements for prior two months	\$
Award letter from county welfare department or other government agency documentation eligibility for general assistance or other public assistance	\$
8. PAYMENT PLAN COMPUTATION	
8a. Total income per month (from No.6)	\$
8b. County general assistance benefit level per month (If County does not establish GA level, use \$300)	\$
8c. 50 percent of median family income per month	\$
8d. If the amount of Line 8a is from GA or is equivalent to the GA benefit on Line 8b, participant is eligible for a waiver of the program fee.	\$
8e. If the amount on Line 8a is equal to or less than the median family income on Line 8c, participant is eligible for an extended payment schedule.	\$

Driving Under the Influence (DUI) Program Enrollment Participant Information/Informed Consent and Agreement

DUI program services in California must be completed through the Department of Health Care Services (DHCS) licensed DUI program. California's Health and Safety Code (HSC), Division 10.5, Part 2, Chapter 9, Section 11836 establishes the DHCS as having the sole authority to license DUI Programs to provide alcohol or drug recovery services to a person whose license to drive has been administratively suspended or revoked for, or who is convicted of, a violation of Section 23152 or 23153 of the Vehicle Code (VC), and admitted to a program pursuant to Section 13352, 23538, 23542, 23548, 23552, 23556, 23562, or 23568 of the Vehicle Code.

Pursuant to Title 9, California Code of Regulations (CCR), Chapter 3, Section 9848, a DUI program may enroll any person who presents documentation from the court or the DMV verifying his/her arrest or conviction for a DUI violation specified in HSC Section 11836 as referenced above. To ensure timely program enrollment, DHCS will allow several types of documents generated by the DMV or court. (See DHCS acceptable Enrollment Document Matrix)

Although DHCS licenses DUI program services, program requirements are ultimately dependent on offenses specified in California Vehicle Code, and interpreted by the California Department of Motor Vehicles (DMV)-Mandatory Action Unit (MAU), in conjunction with the court of conviction.

When enrolling in a DUI program following arrest for a DUI offense prior to a conviction, the DUI program will enroll you in the most appropriate program type based on the information contained in the enrollment documents you present along with any additional information you are able to provide at that time. DHCS encourages you to contact the DMV-MAU at (916) 657-6525 if you have questions/concerns specific to the type of DUI program you will ultimately be required to complete.

Please note, following your initial DUI program enrollment there may be instances in which DMV's MAU review of your DUI offense/driving history and/or court proceeding may necessitate a modification of the program type you are/were initially enrolled in. In all instances, you are financially responsible for all DUI program services received and/or incurred during your enrollment in a DUI program. (Additional program service fees are identified in the participant contract you will review and sign at the time of DUI program enrollment)

The following consent/agreement and required enrollment documents must be completed and placed in your participant file as required by CCR, Title 9 requirements. As with all documents produced during your DUI program enrollment and participation, you are encouraged to retain copies for your records.

Informed Consent and Agreement

Participant Information

Participant Name (Print) _____

Enrollment:

☐

Pre Conviction

☐

Post Conviction

Address (City, State, Zip) _____

Phone Number _____

Driver License Number / X Number _____

Mandatory Action Unit Verification

Program Type _____ BAC _____ Previous Convictions _____

☐ Participant Called MAU

☐ Program Called MAU

☐ No Call to MAU

☐ Violation Date _____

Comments _____

MAU Representative Name _____

Agreement

*I verify I have read and understand the information provided to me on the Informed Consent and Agreement document regarding my DUI program enrollment. I am aware in some instances the DMV-MAU or court may later amend my program service type and in all cases, I am financially responsible for all DUI program services received.

_____ A "Transfer In" fee in the amount of \$_____ may incur if a modification of the
(Initial) program type you are/were initially enrolled in changes.

Participant Signature _____

Date _____

Program Staff Name (Print) _____

Date _____

***Conducción bajo el influencia (DUI) programa inscripción participante
información/informado consentimiento y acuerdo***

Servicios de programa DUI en California deben ser completados por el Departamento de salud servicios (DHCS) licenciadas programa DUI. Salud de California y el código de seguridad (HSC), División de 10.5, parte 2, capítulo 9, sección 11836 establece la DHCS como teniendo la autoridad exclusiva de licencia programas de DUI para proporcionar servicios de recuperación de alcohol o drogas a una persona cuya licencia de conducir ha sido administrativo suspendido o revocado, o que es culpable de una violación de la Sección 23152 ó 23153 del código de vehículo (VC) y admitido a un programa en virtud de la sección 13352, 23538, 23542, 23548, 23552, 23556, 23562, o 23568 del código del vehículo.

En virtud del título 9, código de regulaciones de California (CCR), capítulo 3, sección 9848, un programa DUI puede inscribirse a cualquier persona que presente documentación el Tribunal o el DMV verificando su detención o la condena por una infracción de DUI especificada en la Sección HSC 11836 como se hace referencia anteriormente. Para asegurar la matrícula oportuna programa, DHCS permite a varios tipos de documentos generados por el Tribunal o el DMV. (Véase DHCS aceptable inscripción documento matriz)

Aunque DHCS licencias servicios del programa DUI, requisitos del programa dependen en última instancia delitos especificados en el código de vehículos de California e interpretado por el Departamento de vehículos motorizados de California (DMV)-obligatorio acción unidad (MAU), junto con el Tribunal de condena.

Al matricularse en un programa DUI tras detención por un delito DUI antes de una convicción, el programa DUI afiliaremos en el tipo de programa más apropiado basado en la información contenida en los documentos de inscripción se presente junto con cualquier adicional información que pueda proporcionar en ese momento. DHCS le anima a en contacto con el DMV MAU en (916) 657-6525 si usted tiene preguntas/preocupaciones específicas al tipo de programa DUI en última instancia, se le pedirá para completar.

Por favor nota, siguiendo su matrícula inicial del programa DUI puede haber casos en MAU de que el DMV revisión de su historia de coche ofensa DUI o procedimiento judicial puede requerir una modificación del programa de tipo que son/eran inicialmente inscritos en. En todos los casos, usted es financieramente responsable por todos los servicios de programa DUI recibieron o incurridos durante su inscripción en un programa DUI. (Cargos de servicio de programa adicionales se identifican en el contrato de participante revisará y firmar en el momento de la inscripción del programa DUI)

El siguiente consentimiento/contrato y documentos de inscripción requerido deben terminados y colocados en el archivo de participante como exige la CCR, título 9 requisitos. Como con todos los documentos producidos durante su DUI programa inscripción y participación, se recomienda conservar copias para sus registros.



Alcohol Drug Council- High Gain Project

DUI Treatment Program

Solicitud de Permiso de Ausencia

Nombre Del Cliente: _____ Fecha: _____ Cliente #: _____

Sujeto a Aprobación

Estoy solicitando un permiso de ausencia para comenzar _____ y regresar al programa el _____.

Por la siguiente razón:

- | | |
|--|--|
| <input type="checkbox"/> Deberes militares extendidos. | <input type="checkbox"/> Tratamiento por abuso de drogas |
| <input type="checkbox"/> Trabajo que requiere viajes prolongados. | <input type="checkbox"/> Emergencia familiar |
| <input type="checkbox"/> Enfermedad prolongada (propio / otro). | <input type="checkbox"/> Vacaciones |
| <input type="checkbox"/> Encarcelamiento. | <input type="checkbox"/> Dificultad personal |
| <input type="checkbox"/> Tratamiento médico extendido (propio / otro). | (Sin incluir dificultades económicas). |

Explicación:

**** La documentación apropiada que demuestre la necesidad de una LOA debe acompañar esta solicitud.**

¿Qué medidas se tomarán para garantizar el reingreso al programa si se le concede su solicitud de LOA por dificultades personales durante más de 2 meses?

Instrucciones para el cliente: Será necesario que se comunique con este programa al final de su permiso de ausencia para ser asignado nuevamente a un grupo. No ocupamos su lugar en el grupo actual al que ha estado asistiendo.

Partícipe: _____ Testigo: _____

Comentarios:

☐ APPROVED

☐ DENIED

BY: _____ DATE: _____

COMMENT:

Alcohol Drug Council- High Gain Project

DUI Treatment

Program 9876.5 Title IX

Leave of Absence

El programa exigirá al participante que solicite una licencia siempre que el participante no pueda asistir a las actividades programadas del programa durante 21 días o más. Los participantes pueden solicitar una licencia de ausencia por menos de 21 días.

Para solicitar una licencia del participante deberá presentar al programa una solicitud por escrito para la licencia de ausencia, y cualquier documentación que justifiquen la necesidad de una licencia de ausencia. La solicitud especificará:

- El nombre del participante.
- El motivo para solicitar la licencia.
- Las fechas de la licencia solicitada.
- Toda la documentación apropiada que explique el motivo de la licencia.

Todas las solicitudes de licencia de ausencia deben recibir la aprobación previa, del Director del Programa, a menos que no pueda hacerlo debido a circunstancias fuera del control del participante. Si el participante no puede proporcionar documentación antes de que se conceda la licencia, el participante deberá explicar, por escrito, las circunstancias que impidieron al participante solicitar la aprobación previa. El participante presentará la documentación apropiada sobre la primera fecha de actividad, una vez que regrese de la licencia.

Las solicitudes de licencia de ausencia se aprobarán únicamente para:

- Personal militar cuyas órdenes o responsabilidades requieren una ausencia prolongada.
- Participantes cuyo trabajo requiera viajar durante un largo período de tiempo.
- Los participantes, que debido a un conflicto de programación de trabajo, no pudieron estar presentes para la actividad programada.
- Participantes, que están ausentes debido a su propia enfermedad, o tratamiento médico, o el de un miembro de la familia.
- Participantes que no pueden participar debido a una dificultad personal extrema o una emergencia familiar.
- Participantes que han solicitado una licencia para unas vacaciones.
 - *Esta licencia solicitada sólo se concederá si el participante ha contraído todas las ausencias anteriores y ha pagado todas las tasas pendientes antes de la licencia solicitada.*
- Antes de la finalización, el programa requerirá que el participante compondrá todas las actividades programadas del programa perdidas durante una licencia de ausencia.

EL TIEMPO PERDIDO DURANTE LA LICENCIA DE AUSENCIA NO SE CUENTA COMO TIEMPO DE PARTICIPACIÓN. EL TIEMPO DEL PARTICIPANTE SE EXTENDERÁ. SI ES NECESARIO, EL PARTICIPANTE WILL NECESITA PONERSE EN CONTACTO CON THIER COURT PARA SOLICITAR UNA EXTENSION PARA EL RESTO DE SU PROGRAMA.

Consentimiento Informado y Acuerdo

Información del participante

Nombre del participante (Impresión) _____ Inscripción: ☐ Pre condena ☐ Post condena

Dirección (Ciudad, Estado, Zip) _____

Número de teléfono _____ Licencia de conducir o número X _____

Verificación obligatoria de la Unidad de Acción

Tipo de programa _____ BAC _____ Condenas anteriores _____

☐ Participante Llamado
MAU

☐ Programa llamado MAU

☐ Sin llamada a MAU

☐ Fecha de violación _____

Comentarios _____

Nombre del Representante de MAU _____

Acuerdo

* Verificar leído y entender la información que me proporciona en el documento de consentimiento informado y de acuerdo con respecto a mi inscripción de programa DUI. Soy consciente en algunos casos el DMV-MAU o tribunal podrá modificar más adelante mi tipo de servicio del programa y en todos los casos, soy financieramente responsable por todos los servicios de programa DUI recibidos.

Una cuota de "Transferencia en" o "Reintegro" puede incure si una modificación del tipo de programa que es/era inicialmente inscrito en cambios.
(Inicial) _____

Firma del participante _____

Fecha _____

Nombre del personal del programa
(impresión) _____

Fecha _____

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS

Executive Director

Program Address

Alcohol Education & Recovery Services

309 S. A St.

Oxnard, CA 93030

Corporate Address

12560 Central Ave. Chino CA 91710

909-591-4761

awatkins@aers.us

Part IV
License Application Fee

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

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Part V Program Information

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

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Part V Program Information
Subsection 1
Intake Interview/Enrollment Process

Intake Interview/Enrollment Process

All persons arriving for services at this DUI program facility are interviewed and assessed for submission.

1. Eligibility

In-State Referrals; Any person who presents documentation from the court or the Department of Motor Vehicles verifying arrest or conviction for one of the DUI violations specified in the Health and Safety Code Section 11836(a) may be admitted to the appropriate DUI program provided at this location.

- If a person is being transferred to this DUI program from another licensed DUI program, program staff will verify the transferee can enroll and commence services within 21 days following the date of transfer from the sending DUI program. The program may not accept a transferee if this requirement cannot be met.

Out of State Referrals; The DUI program may enroll and provide services to persons from another state for conviction of a DUI offense, provided the person provide documentation from the state making the referral, indication the requirement to attend either the number of hours of program services or the program type required.

After Court Date Referrals; The DUI program may accept a participant for enrollment after the date specified by the court. In this case, the DUI program shall notify the court of the enrollment through the established court referral and tracking system.

2. Intake Interview

- A. Before a potential participant receives services, program staff will conduct an intake interview for the purpose of reviewing the individual's referral documentation, determining suitability for program services(i.e. in which program to be enrolled), and providing information about services to be provided.
- B. A licensed, registered, or certified counselor(in accordance with Chapter 8, commencing with Section 13000) shall conduct the intake interview.
- C. During the intake interview, the intake counselor shall;
 - I. Have the participant complete a personal data sheet to establish the participant record and enter the participant's information into a computer database.
 - II. Review with the participant the goals and objectives for participation in the program, including abstinence from the use of alcohol and/ or illicit drugs as a goal for the duration of participation in the program.
 - III. Provide the participant with materials which describe how abstinence contributes to a healthy lifestyle.

- IV. Provide and explain the program contract with the participant, which includes;
 - The counseling, education, and face to face interview requirements,
 - Attendance requirements,
 - Procedures for requesting a leave of absence,
 - Reasons for dismissal from the program,
 - Grievance procedures,
 - Confidentiality requirements,
 - Program fees, additional fees, and payment schedule,
 - Statement the participant may request the DUI program to conduct a financial assessment to determine the participant's ability to pay the program fee.
- V. Complete, sign and date the participants program contract listing the services to be provided, program rules and requirements, and have the participant sign and date the contract verifying understanding of the program rules and requirements.
- VI. Provide a copy of the signed and dated contract to the participant and retain a copy in the participant's record.
- VII. Financial Assessment; This DUI program shall not deny services to a participant if, based on the results of a financial assessment, the DUI program determines the participant is unable to pay the full program fee as shown on the standardized payment schedule. Program staff will follow procedures outlined in Fee Assessment Procedures(Subsection 12) for conducting financial assessments on participants and providing participant fee reductions as applicable.

3. Enrollment

- A. At the end of the intake process, the DUI program staff shall enroll the participant into the program by;
 - Completing administrative forms required by the County and DUI program,
 - Scheduling program services, and
 - Providing the participant with a written list of the date, time and location of program activities the participant is scheduled to attend.

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

Aaron S. Watkins Sr. MBA ICADC ICCS

Executive Director

Program Address

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309 S. A St.

Oxnard, CA 93030

Corporate Address

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909-591-4761

awatkins@aers.us

Part V Program Information
Subsection 2
Face To Face Interviews

Face to Face Interviews

1. Scheduling; Face to face interviews will be prescheduled with participants. Appointments are available during regular program hours of operation.
2. Staff; A licensed, registered, or certified counselor shall conduct face to face interviews with participants, in accordance with their program contract requirements.
3. The purpose of the face to face interviews is to;
 - Monitor payment of fees;
 - Discuss and encourage participant attendance in educational and counseling sessions;
 - Discuss and identify problems which may be barriers to program completion, including progress in group and other counseling sessions; and
 - Evaluate the participant's need for referral to ancillary services.
4. Face to face interviews will;
 - Be conducted in a private session, at a pre-set time scheduled with the participant.
 - Last for a minimum of 15 minutes, and longer whenever the interviewer or participant determines additional time is needed.
 - Be conducted by the same interviewer for the duration of the program whenever possible.
5. The counselor conducting the interview will document information from the face to face interview into the participant's record upon completion of the session. The documentation will include;
 - Date, time, and length of each face to face interview;
 - Counselors assessment of the participant's progress regarding participation in program activities and any increased awareness in understanding their alcohol/or drug related problems.
6. The participant must attend the entire face to face interview as scheduled in order to receive credit for attendance.
7. The frequency of the face to face interviews will be based on the specific program in which the participant is enrolled.
 - 3 Month Program
 - 1st face to face interview within 21 days of enrollment
 - 2nd face to face interview at midpoint of the program(1x)
 - Final face to face interview to serve as exit interview(1x)

- Participant will not be charged for any additional face to face interviews provided at the program's option.
- 6 Month Program
 - 1st face to face interview within 21 days of enrollment
 - Check in interviews every 2 weeks(11x)
 - Final face to face interview to serve as exit interview(1x)
- 9 Month Program
 - 1st face to face interview within 21 days of enrollment
 - Check in interviews every 2 weeks(17x)
 - Final face to face interview to serve as exit interview(1x)
- 18 Month Program
 - One (1) face to face interviews every 2 weeks from their initial date of enrollment until completion of the educational and group sessions(36x)(to include reentry)
 - Final face to face interview to serve as exit interview(1x)
 - If participant takes longer than 12 months to complete the educational and group counseling sessions required, the program may charge for any additional face to face interviews provided based on the approved unit of service fee for face to face interviews.

W & G Enterprises, Inc.
Alcohol Education & Recovery Services

State Licensed Drug/Alcohol Programs

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Part V Program Information
Subsection 3
Educational Sessions

Educational Sessions

1. Scheduling; Educational sessions will be scheduled during program hours; the number of educational sessions offered per week will be based on program enrollment, but in general will be a minimum of one(1) educational session per week.
2. Staff; Program staff who conduct educational sessions will have a minimum of two(2) years' experience in providing alcohol and drug education and information to persons with alcohol and/or drug problems in a classroom setting, or be a licensed, registered or certified counselor, or intern/volunteer who is under the direct supervision of a licensed or certified counselor. The supervising counselor must be in the room while the volunteer/intern is conducting the session(s). The instructor will be present during the entire educational session.
3. Educational sessions are scheduled for a total of 2 hours in length. Time allowed for breaks shall not be counted toward meeting the number of hours for educational sessions.
4. A participant may not attend more than one educational session per calendar day.
5. The frequency of educational sessions for each participant will be based on the specific program in which the participant is enrolled.
 - Wet Reckless 12Hours of Educational Sessions
 - 3 Month Program 12 Hours of Educational Sessions
 - 6 Month Program 12 Hours of Educational Sessions
 - 9 Month Program 12 Hours of Educational Sessions
 - 18 Month Program 12 Hours of Educational Sessions
6. Attendance at Educational Session will be limited to a maximum of 35 participants.
7. Each participant must sign a roster at each educational session in order to verify attendance. Program staff will maintain attendance rosters for each educational session. The attendance roster will list the following information;
 - Date of session
 - Start and end time of the session
 - Topics presented or session number
 - Printed and signed names of each participant in attendance
 - Signature of the program staff who conducted the session
8. Educational sessions shall be informational in content and instructional in manner of presentation. Educational sessions will consist of lectures, films/videos, written exercises, and will encourage participant discussion.

9. Topics to be covered in educational sessions shall include;
 - The use and effects of alcohol and other drugs
 - The nature of addiction to alcohol and other drugs
 - Impairment of driving abilities, skills and judgement caused by consumption of alcohol or other drugs.
 - Alternatives to the abuse of alcohol and the use of illicit drugs, including discussion of how abstinence, additional county requirements, ancillary services, and participation in self help groups, assist the participant to recognize the effects of chemical dependency and understand the recovery process.
 - The effects of alcohol or other drugs use on the individual, the family and society.
10. Curricula utilized in educational sessions include;
 - Disease concept
 - Medical aspects
 - Problem identification
 - AA/Self help groups
 - Legal aspects
 - Relapse and recovery
11. The program staff will document each participant's attendance into each participant's record upon completion of the session.
12. The participant must attend the entire educational session as scheduled in order to receive credit for attendance.

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Part V Program Information
Subsection 4
Group Counseling Sessions

Group Counseling Session

1. Scheduling; Group counseling session will be scheduled during program hours; the number of group sessions offered per week will be based on program enrollment, but in general will be a minimum of 5 group counseling sessions per week. Participants will be scheduled for group counseling sessions such that there will be no more than 15 participants in each group session.
2. Staff; Program staff who conduct group sessions will be a licensed, registered or certified counselor, or intern/volunteer who is under the direct supervision of a licensed or certified counselor. The supervising counselor must be in the room while the volunteer/intern is conducting the session(s). The counselor will be present during the entire group session.
3. Group sessions are scheduled for a total of one and half(1.5) hours in length. Time allowed for breaks shall not be counted toward meeting the number of hours for group sessions.
4. The program may substitute one(1) hour of individual counseling sessions for every two(2) hours of group counseling sessions if the participant is unable to participate in or benefit from group counseling sessions because of a language barrier, an emotional problem or other difficulty.
5. Group counseling sessions shall be limited to 15 persons per group, including participants, (and their family members and significant others, as allowed for 1 or 30-month programs)
 - a. On an emergency (a sudden unexpected occurrence or set of circumstances could not have been avoided, prevented, or planned for by either the DUI program or the participant) basis, 17 participants may be included in group counseling sessions. The program shall include no more than 17 participants per group counseling session for any reason.
 - b. Whenever a participant is added to a group counseling session on an emergency program staff shall document the nature of the emergency in the participant's record and on the attendance roster.
6. No outside person, except an interpreter, is allowed to participate in group counseling sessions conducted for participants in a 3-Month, 6-Month, or 9-Month program.
7. A participant's family member, or a significant other may attend group counseling sessions conducted for the participant of an 18-Month or 30-Month program, however, no other outside person, except for an interpreter, shall be allowed in these sessions.
 - a. A family member or significant other may only attend group session on a voluntary basis. A signed copy of the agreement confirming voluntary attendance by a family member or significant other shall be maintained in the participant's record.
 - b. The family member or significant other who attends group counseling session(s) must be at least 18 years old.
 - c. Program staff will provide a participant's family member or significant other who attends group counseling sessions(s) with a copy of the program rules (including maintaining

confidentiality) and shall inform the family member or significant other, in writing, of the consequences of failure to comply with program rules. The program shall retain in the participant's record a copy of the program rules and the consequences of noncompliance, signed by the family member or significant other.

8. The frequency of group counseling sessions provided to each participant will be based on the specific program in which the participant is enrolled.
 - 3-Month Program 18 hours of group counseling sessions
 - 6-Month Program 30 hours of group counseling sessions
 - 9-Month Program 45 hours of group counseling sessions
 - 18-Month Program 52.5 hours of group counseling sessions
9. Each participant must sign a roster at each group session in order to verify attendance. Program staff will maintain attendance rosters for each educational session. The attendance roster will list the following information:
 - Date of the session
 - Start and end time of the session
 - Topics presented or session number
 - Written exercise to be conducted, if any, the purpose and desired outcome, and the amount of time allocated for participants to complete the exercise.
 - Printed and signed names of each participant in attendance
 - Signature of the program staff who conducted the session.
10. Group sessions shall be conducted by DUI counselors in a manner that:
 - Encourages the participants to talk and share ideas and information in order to identify and resolve alcohol or drug related problems,
 - Provides an opportunity for participants to examine their own personal attitudes and behavior; and
 - Provides support for positive changes in life style to facilitate reduction or elimination of alcohol or drug problems
11. DUI program staff will not use films, videos or lectures to meet the number of group counseling sessions required.
12. The program staff will document each participant's attendance into each participant's record upon completion of the session.
13. The participant must attend the entire group session as scheduled in order to receive credit for attendance.

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Part V Program Information
Subsection 5
Individual Counseling Session

Individual Counseling Sessions

1. Scheduling; Individual counseling sessions will be pre-scheduled with a participant/s who is/are unable to benefit from group counseling sessions because of a language barrier or special problems which preclude group participation. Appointments are available during program hours of operation.
2. Staff; Program staff who conduct individual counseling sessions will be a licensed, registered or certified counselor, or intern/volunteer who is under the direct supervision of a licensed or certified counselor. The supervising counselor must be in the room while the volunteer/intern is conducting the sessions). The counselor will be present during the entire individual session.
3. For those participants who need individual counseling, the program will substitute one(1) hour of individual counseling sessions for every two (2) hours of group counseling sessions.
4. The counselor conducting the individual session will document participation and progress in the participant's record.
5. The participant must attend the entire individual session as scheduled in order to receive for attendance.

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Part V Program Information

Subsection 6

**Assessment of Each Participant's Alcohol and Other Drug
Problem**

Assessment of Each Participant's Alcohol and Other Drug Problem

1. The program will conduct an assessment of each participant's alcohol and drug use within the first 60 days of the participant's enrollment in the program.
2. Program staff who conduct the assessment will be a licensed, registered or certified counselor.
3. The program shall utilize Ventura County-Approved Standard Assessment as its assessment instrument. This assessment includes a description of patterns and history of alcohol and other drug use, addiction treatment history, gender, age, work status, family substance abuse history, legal history and current health status.
4. The counselor will discuss the results of the assessment with the participant and document this discussion in the participant's case record.
5. The participant and the counselor will sign and date the results of the assessment and followup discussion. The assessment documentation will be maintained in the participant's case record

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Part V Program Information
Subsection 7
Referral to Ancillary Services

Referral to Ancillary Services

1. As part of the assessment process, the counselor will recommend any ancillary services, such as family counseling, residential treatment, mental health treatment or outpatient treatment services that he/she thinks would be potentially beneficial to the participant. Such ancillary services will be available locally and documented in the participant's case record.
2. Referral to ancillary services will not result , directly or indirectly, in increased revenues for this DUI program. Any exceptions must be approved by the County drug and alcohol program administrator.

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Part V Program Information
Subsection 8
Interprogram Transfer

Interprogram Transfer

1. Transfers In to this DUI Program: (Program) as the "receiving DUI Program")

- If a person is being transferred to this DUI program from another licensed DUI program, program staff will verify that the transferee can enroll and commence services within 21 days following the date of transfer from the sending DUI program. This DUI program shall not accept any transferee who cannot enroll and commence services within 21 days following the date of transfer from the sending DUI program.
- Intake staff will review the written history for the transferee that indicates the number of program activities completed and prepare his/her contract and fees based on remaining services needed to complete his/her program.
- Staff will send the sending DUI program written notice of the transferee's enrollment or non-enrollment in this DUI program within 10 days of the transfer deadline (i.e. 21 days from the date of transfer).
- The receiving DUI program shall notify the court of conviction and the Department of Motor Vehicles of the participant's subsequent completion of or dismissal from the program.

2. Transfers Out of this DUI Program: (Program as the "sending DUI Program")

Program staff will inform a participant who requests or is transferring to another licensed DUI program that he/she must enroll and attend a face-to-face interview,

an educational session, or a group counseling session in the new DUI program within 21 days from the date of transfer from this DUI program.

If required by the court, written notice of transfer shall be provided to the court of

conviction by the sending DUI program.

Program staff will provide the receiving DUI program with a written history for the transferee, indicating the number of program activities completed. Any additional program information relevant to the participant shall be sent under separate cover marked "confidential."

Staff will place documentation from the receiving DUI program of the transferee's enrollment or non-enrollment in the receiving DUI program in the participant's file.

Program staff will notify the Department of Motor Vehicles and the court of

conviction if the transferee does not enroll in the receiving DUI program.

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Part V Program Information
Subsection 9
Participant Dismissal Policy & Procedures

1. Reasons for dismissal: This DUI program shall dismiss from the program participant who:
 - Fails to participate in the required program activities within 21 days of transfer to another licensed DUI program;
 - Fails to maintain program sobriety in accordance with Section 9874;
 - Fails to comply with DUI program rules;
 - Fails to comply with additional county requirements which have been established by Los Angeles County;
 - Fails to attend program services for 21 days or longer without obtaining a leave of absence in accordance with Section 9876.5. This section does not apply to multiple offenders in the last 6 months of the 18-month program or the last 12 months of the 30-month program.
 - Exceeds the number of absences allowed.
 - Fails to resume attending program activities within 21 days of the scheduled return from a leave of absence; or Is physically or verbally abusive or acts in a threatening manner to DUI program staff or DUI program participants.
 - This DUI program may dismiss a participant who fails to pay his/her program fee assessed in accordance with the requirements of Section 9879 or fails to reschedule and attend a financial assessment interview in accordance with the provisions of Subsection 9879(). However, this DUI Program shall not dismiss a participant who has completed all required program services for failure to pay program fees.

2. Procedures to Determine Participant Compliance with Program Sobriety Requirement
DUI program staff will require participants to maintain program sobriety, which means that participants shall not attend program services or activities or be on the DUI program premises while under the influence of any amount of alcohol or drugs, or be convicted of a subsequent DUI offense while enrolled in this DUI program.

- (a) If a participant exhibits behavior that makes a staff member suspect that the person may be under the influence of alcohol, (such as sleeping, being disruptive or belligerent, being unable to pay attention or participate in program services, etc.) or if the participant smells of alcohol or any alcoholic beverage, program staff shall determine whether the participant is under the influence of alcohol by:
 - Requiring the participant to submit to an alcohol screening test approved by the U.S. Department of Transportation, OR
 - Having two or more staff member's document in writing in the participant's program record that the participant is sleeping, being disruptive or belligerent,
- (b) If a participant exhibits behavior that makes a staff member suspect that the person may be under the influence of drugs, program staff shall determine whether the participant is under the influence of drugs by:
 - Requiring the participant to submit to testing with a National Institute of Drug Abuse-approved chemical screening test, OR
 - Having two or more DUI program staff document in writing in the participant's record that the participant exhibits a combination of appearance, behavior, and speech indicating that the participant is under the influence of drugs. Such symptoms may include the following; constricted or dilated pupils; slurred speech; impaired coordination; body tremors; green coating on the tongue; paranoid hallucinations; muscle rigidity; confused, disordered or dizzy appearance; agitated behavior; or lethargy, stupor or blank stare.

- (c) If the DUI program determines that the participant is under the influence of alcohol or drugs, the DUI Program shall:
- Advise the participant that he/she may obtain a drug test at his/her own expense in order to refute the determination of illicit drug use, provided the drug screening test is conducted by an appropriately licensed clinical laboratory and the drug screening test was conducted within 24 hours of the time that the DUI program staff determined that the participant was under the influence of drugs
 - Ask the participant to leave the DUI program premises.
 - Advise the participant not to drive him/herself home.
 - Offer to call a friend or relative of the participant or a taxi cab (at the participant's expense) to drive the participant home.
- (d) Program staff will document in the participant's record how the DUI program determined that the participant was under the influence of alcohol or drugs, including staff observations of the indicators and/or symptoms.

3. Procedures for Tracking Participant Attendance and Absences Allowed

- (a) The program requires each participant to attend all scheduled activities unless the participant has either contacted the DUI program and arranged to attend an activity at an alternate time, or been granted an approved leave of absence.
- (b) The program shall document all absences in the participant's record.
- (c) The program requires each participant to make up all absences before issuing the participant a Notice of Completion Certificate (DMV Form DL101).
- (d) The program may allow a participant to be absent from scheduled activities as specified below:
- Educational sessions only: No more than 2 absences per enrollment period
 - 3-Month (AB541) Program; No more than 5 total absences per enrollment period
 - 6-Month (AB762) Program: No more than 7 total absences per enrollment period
 - 9-Month (AB1353) Program; No more than 7 total absences per enrollment period
 - 18-Month Program: No more than 10 total absences / enrollment period

4. Procedures for Documenting Participant Leave of Absence

- (a) The program shall require participants to request a leave of absence whenever the participant is unable to attend any scheduled program activities for 21 days or longer. Participants may request a leave of absence for less than 21 days.
- (b) The program shall require the participant to request prior approval for all leaves of absence, unless unable to do so due to circumstances beyond the participant's control. If the participant requests retroactive approval for a leave of absence, in addition to the information listed below, the request for leave of absence shall explain the circumstances that prevented the participant from requesting prior approval.
- (c) To request a leave of absence, the participant shall submit to the program a written request for leave of absence, and any documentation substantiating the need for a leave of absence. The written request shall specify: 1) the name of the participant; 2) the reason for requesting the leave of absence; and 3) the dates of the requested leave of absence.
- (d) The program may approve a leave of absence only for the following reasons:
1. Military personnel whose orders or responsibilities require an extended absence;

2. Participants whose work requires travel for an extended period of time;
3. Participants who are absent due to their own extended illness or medical treatment or that of a family member;
4. Participants who are incarcerated or participating in a residential alcoholism or drug abuse recovery or treatment program;
5. Participants who cannot participate in program activities due to an extreme personal hardship or family emergency. The program shall document in the participant's record the nature of the personal hardship or family emergency; and
6. Participants who have requested a leave of absence for a vacation. A leave of absence shall be granted for a vacation only if the participant has made up all absences and paid all outstanding fees, assessed by the program in accordance with the participant's ability to pay, pursuant to Section 9878 (a), prior to the leave of absence.

(e) Program staff shall review participant request for leave of absence, approve the request only for reasons listed above, and place documentation to support the leave of absence request in the participant's file.

5. Procedures for Dismissal of Participants

(a) If program staff determine that a participant should be dismissed based on any of the above criteria, program staff will:

- Notify the court that the participant was dismissed from the program if the participant was attending the program as a condition of probation or in accordance with a court order.
- Notify the Department of Motor Vehicles if the participant has been issued a DL107 (Proof of Enrollment Certificate)
- Document in the participant's record the circumstances under which the participant was dismissed from the program.
- Give credit for services attended prior to dismissal if the dismissal occurred less than two (2) years prior to re-enrollment, and the DUI program who provided the services verifies in writing that the services were provided to the participant.

6. Procedures for Reinstatement after Dismissal

(a) This program may reinstate the participant if the participant brings written notification from the court that permits reinstatement.

(b) The program may refuse to reinstate a participant if the participant was dismissed because he/she was physically or verbally abusive to DUI program staff or other DUI program participants.

7. Procedures for Issuance of Completion Certificate (DL101)

(a) Within ten (10) days after the date that a participant completes all program services and has paid his/her assessed program fee and any additional fees, the DUI program shall issue the original Notice of Completion Certificate (DL101) in the name of the participant and immediately submit it to the Department of Motor Vehicles.

(b) A copy of the Notice of Completion certificate (DL101) will be placed in the participant file.

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Part V Program Information
Subsection 10
Re-Entry Activities

Re-Entry Activities

During the last 6 months of participation in an 18-Month program, the program shall require the participant to complete a community re-entry phase, consisting of participation in self-help groups, employment, family, and other areas of self-improvement.

- (a) Program staff will monitor and document participants' progress during the community re-entry phase.
- (b) Program staff will provide no more than 6 hours of monitoring
- (c) The program shall not allow the participant to begin the community re-entry phase until the participant has completed the core program requirements.

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Part V Program Information
Subsection 11
Description of Additional County Requirements

ADDITIONAL COUNTY REQUIREMENTS

1. N/A

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Part V Program Information
Subsection 12
Program Fee Requirements

Program Fee Requirements

(a) See attached Program Breakdowns with contracts for Units of Service

(b) Fee Assessment Procedures

- This DUI program shall not deny services to a participant if, based on the results of a financial assessment, the DUI program determines that the participant is unable to pay the full program fee as shown on the standardized payment schedule.
- If the participant notifies the DUI program that he/she is unable to pay the fee, counselor shall ask the participant if he/she has proof of income to attach to the Financial Assessment form. If the participant does not have proof of income, the counselor will instruct the participant that the fee will be adjusted accordingly when proof of income is provided.

i. Proof of income may be verified with the following documents:

Pay Check stubs

- EDD printout
- Verification of Benefits DPSS
- Proof of Disability
- Income Tax Return

ii. If the participant's monthly income is equal to or less than the general assistance benefit level designated by the County for one person, the program shall assess the participant a maximum program fee of no more than \$5.00 per month for each month in which the participant's income is equal to or less than the general assistance benefit level designated by Los Angeles County.

(c) Refund Procedures

Participants of this DUI Program are responsible for the payment of fees for services rendered. If it is determined that a participant has paid more than the required payment for services received, the participant will be due a refund. Staff will prepare and issue a refund check to such participants who are due a refund.

(d) Standardized Payment Schedule

Attached to each included contract

(e) Financial Assessment(Forms included)

(f) Income level(Identified in each contract copy)

W & G Enterprises Inc. Alcohol Education & Recovery Services Oxnard

Proposed Fee Breakdown													
Unit Costs													
Program	State	County	Intake	Assessment	Total	Education	Group	Individual	Rentry	Exit MOP	Total	Intake	Weekly
SB-1176/ED	\$17	\$50	\$75	\$80	\$222	6@\$35 \$210					\$432	\$250	\$60
AB-541	\$17	\$50	\$75	\$80	\$222	6@\$35 \$210	12@\$40 \$480	3@\$25 \$75			\$987	\$250	\$60
AB-762	\$17	\$50	\$75	\$80	\$222	6@\$35 \$210	20@\$40 \$800	14@\$25 \$350			\$1582	\$250	\$60
AB-1353	\$17	\$50	\$75	\$80	\$222	6@\$35 \$210	30@40 \$1200	17@\$25 \$425			\$2057	\$250	\$60
SB38	\$17	\$50	\$75	\$80	\$222	6@\$35 \$210	35@\$40 \$1400	26@\$25 \$650	6@\$75 \$450	1@\$25 \$25	\$2957	\$250	\$60
Additional Fees													
Transfer In			\$75										
Transfer Out			\$75										
Missed Activity			\$45										
Reinstatement Fee			\$75										
Returned Check Fee			\$40										
Re-Schedule Fee			\$45										
Leave of Absence Fee			\$45										
Duplicate DL101/Research F			\$20										